

Patient Faqs - Bombay Spine Clinic

- Patient FAQs
- 1. General Spine Questions
- What does the spine do?
- The spine, also known as the backbone, is one of the most important structures in the human body. It supports your head, allows you to stand upright, bend and twist, and protects the spinal cord, which carries messages between your brain and the rest of your body.
- The spine is made up of 33 bones called vertebrae, separated by soft discs that act as shock absorbers. Strong muscles and ligaments around the spine help maintain stability and movement.
- A healthy spine allows you to perform everyday activities such as walking, sitting, lifting, working and exercising comfortably. Keeping your spine healthy through regular exercise, good posture, proper nutrition and maintaining a healthy weight is essential for long-term mobility and quality of life.
- Why does back pain occur?
- Back pain is one of the most common health problems worldwide and can affect people of all ages.
- The most common causes include:
 - Muscle or ligament strain
 - Poor posture
 - Prolonged sitting
 - Lack of exercise
 - Slipped disc
 - Arthritis of the spine
 - Lumbar canal stenosis
 - Osteoporosis
 - Spinal fractures
 - Spinal infections or tumours (less common)
- Fortunately, most episodes of back pain improve with rest, medications, physiotherapy and lifestyle modifications. However, persistent pain lasting more than a few weeks or pain associated with numbness, weakness or difficulty walking should be evaluated by a spine specialist.
- Why does neck pain occur?
- Neck pain may result from muscle strain, poor posture, prolonged computer or mobile phone use, arthritis, slipped discs or nerve compression.
- Common causes include:
 - Cervical spondylosis
 - Muscle spasm

- Poor ergonomics
- Cervical slipped disc
- Facet joint arthritis
- Cervical nerve compression
- Spinal cord compression (myelopathy)
- Many cases improve with posture correction, physiotherapy and medications. However, if neck pain is associated with arm pain, numbness, weakness, hand clumsiness or difficulty walking, medical evaluation is recommended.
- Is every back pain related to the spine?
- No.
- Although many patients assume that all back pain comes from the spine, several other organs and conditions can also cause pain in the back.
- Examples include:
 - Kidney stones
 - Kidney infections
 - Gallbladder disease
 - Pancreatitis
 - Abdominal conditions
 - Gynaecological disorders
 - Hip arthritis
 - Sacroiliac joint disorders
 - Muscle pain
- This is why a detailed history and physical examination are essential before recommending investigations such as an MRI.
- Your doctor will determine whether the pain is arising from the spine or another medical condition.
- When should I consult a Spine Surgeon?
- Most back and neck pain improves without surgery.
- However, you should consult a spine specialist if:
 - Pain persists for more than 4–6 weeks.
 - Pain is severe and interferes with daily activities.
 - Pain radiates into the arms or legs.
 - Numbness or tingling develops.
 - Weakness develops in the arms or legs.
 - Walking becomes difficult.

Symptoms recur frequently.

- Conservative treatment has failed.
- Early diagnosis helps prevent progression and often allows simpler treatment.

- Which doctor should I consult for back pain?
- For recent mild back pain, your family physician or general practitioner is usually the first point of contact.
- If symptoms persist or are associated with nerve-related problems such as sciatica, weakness or numbness, consultation with a Spine Surgeon is advisable.
- A spine surgeon is specially trained to diagnose and treat spinal disorders using both non-surgical and surgical treatments. Importantly, consulting a spine surgeon does not mean you will need surgery. In fact, many patients are successfully treated without an operation.
- What are the warning signs that should not be ignored?
- Certain symptoms require prompt medical attention because they may indicate a serious spinal condition.
- Seek urgent medical evaluation if you experience:
 - Progressive weakness in the arms or legs
 - Difficulty walking
 - Loss of balance
 - Loss of bladder or bowel control
 - Numbness around the groin or genital area
 - Severe back pain after trauma
 - Persistent fever with back pain
 - Unexplained weight loss
 - Severe night pain that disturbs sleep
- Early diagnosis and treatment can prevent permanent neurological damage.
- Can spine problems occur at a young age?
- Yes.
- Although spinal degeneration becomes more common with age, young adults and even teenagers can develop spine problems.
- Common causes include:
 - Sports injuries
 - Heavy lifting
 - Poor posture
 - Long hours of sitting
 - Obesity
 - Slipped discs
 - Scoliosis
 - Congenital spinal disorders
- Modern lifestyles involving prolonged computer and smartphone use have also increased neck and back pain among younger individuals.
- Maintaining an active lifestyle, exercising regularly and practising good posture can help reduce the risk.
- Can poor posture cause spine problems?
- Poor posture places unnecessary stress on the muscles, ligaments and joints of the spine.
- Over time, prolonged poor posture may contribute to:

- Neck pain
- Upper back pain
- Low back pain
- Muscle fatigue
- Reduced flexibility
- Recurrent muscle strain
- Good posture alone does not prevent every spinal condition, but maintaining proper ergonomics, taking regular movement breaks and strengthening your core muscles can significantly reduce the risk of mechanical spine pain.
- Can obesity affect my spine?
- Yes.
- Excess body weight increases the mechanical load on the spine, especially the lower back.
- Obesity is associated with:
 - Chronic back pain
 - Degenerative disc disease
 - Lumbar canal stenosis
 - Knee and hip arthritis
 - Reduced physical activity
 - Delayed recovery after surgery
- Maintaining a healthy body weight through balanced nutrition and regular exercise reduces stress on the spine and improves overall musculoskeletal health.
- Even modest weight loss can significantly reduce back pain in many individuals.
- Does smoking affect spinal health?
- Yes. Smoking has several harmful effects on the spine.
 - Smoking reduces blood supply to the spinal discs and bones, which may accelerate disc degeneration and delay healing.
 - It is associated with:
 - Increased back pain
 - Earlier disc degeneration
 - Slower wound healing
 - Delayed bone fusion after spine surgery
 - Higher infection risk
 - Increased risk of osteoporosis
 - Stopping smoking is one of the most effective lifestyle changes you can make to improve your spinal health and overall well-being.
- Can osteoporosis cause back pain?
- Yes.
 - Osteoporosis weakens bones, making them more prone to fractures. Small compression fractures in the spine are a common cause of sudden back pain, particularly in older adults.

Symptoms may include:

- Sudden onset back pain
- Loss of height
- Stooped posture
- Difficulty standing upright
- Multiple spinal fractures
- Osteoporosis often remains silent until a fracture occurs, which is why early screening and treatment are important.
- A healthy diet rich in calcium and protein, adequate Vitamin D, regular weight-bearing exercise and appropriate medications can help strengthen bones and reduce fracture risk.
- Need Expert Advice?
- If you have persistent neck pain, back pain, numbness, weakness or difficulty walking, early evaluation can make a significant difference.
- At Bombay Spine Clinic™, we provide comprehensive assessment and personalised treatment plans, including both non-surgical and surgical options, to help you return to an active, pain-free life.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 2. Back Pain & Slip Disc

What is a slipped disc?

- A slipped disc, also known as a herniated disc or prolapsed intervertebral disc, occurs when the soft inner portion of a spinal disc pushes through its tougher outer layer. This can irritate or compress nearby spinal nerves, leading to pain and other symptoms.
- Despite the name, the disc does not actually "slip" out of place. Instead, it bulges or herniates due to age-related wear and tear or injury.
- A slipped disc most commonly affects the lower back (lumbar spine) but can also occur in the neck (cervical spine).
- Some people have a slipped disc without any symptoms, while others may experience significant pain depending on whether a nerve is being compressed.
- Does every slipped disc need surgery?
- No. Most slipped discs do not require surgery.
- Approximately 80–90% of patients improve with non-surgical treatment, including:
 - Medications
 - Physiotherapy
 - Activity modification
 - Home exercises
 - Lifestyle changes
 - Image-guided spinal injections (in selected patients)
- Surgery is usually recommended only when:
 - Severe leg pain persists despite adequate treatment.

- Progressive weakness develops.
- Walking becomes difficult.
- MRI findings match your symptoms.
- There is loss of bladder or bowel control (a medical emergency).
- The decision is based on your symptoms, examination findings and MRI—not the MRI report alone.
- Can a slipped disc heal on its own?
- Yes. In many patients, it can.
- Over time, the body may naturally reduce the size of the herniated disc through a process called disc resorption. As inflammation settles and nerve irritation decreases, pain often improves gradually.
- Many patients recover over several weeks to a few months with:
 - Appropriate medications
 - Physiotherapy
 - Walking
 - Exercise
 - Good posture
 - Avoiding activities that worsen symptoms
- Although symptoms may improve, maintaining good spinal health through regular exercise and weight control is important to reduce the risk of future episodes.
- What causes sciatica?
- Sciatica refers to pain caused by irritation or compression of the sciatic nerve, the largest nerve in the body.
- Common causes include:
 - Slipped disc
 - Lumbar canal stenosis
 - Spondylolisthesis
 - Degenerative spine disease
 - Less commonly, spinal infections or tumours
- Sciatica typically causes pain that starts in the lower back or buttock and travels down the back or side of the leg. Some patients also experience tingling, numbness or weakness.
- Sciatica is a symptom—not a disease. Identifying the underlying cause is essential for appropriate treatment.
- Why does pain travel down the leg?
- Pain travels down the leg because a spinal nerve is being irritated or compressed.
- The nerves that leave the lower spine travel into the buttock, thigh, calf and foot. When one of these nerves is compressed, pain follows the pathway of that nerve.
- Depending on which nerve is affected, symptoms may include:
 - Pain
 - Tingling
 - Numbness
 - Burning sensation

- Muscle weakness
- This pattern of pain is called radicular pain or sciatica.
- Treating the underlying nerve compression usually helps relieve these symptoms.

What is lumbar canal stenosis?

- Lumbar canal stenosis is a condition in which the spinal canal becomes narrower, reducing the space available for the spinal nerves.
- It usually develops gradually due to age-related changes such as:
 - Thickened ligaments
 - Enlarged joints (facet arthritis)
 - Disc bulging
 - Bone spurs
- Common symptoms include:
 - Back pain
 - Leg pain
 - Numbness
 - Difficulty walking
 - Pain that improves when sitting or bending forward
- Many patients improve with physiotherapy and medications, while others with severe symptoms may benefit from surgery.

What is spondylolisthesis?

- Spondylolisthesis occurs when one vertebra slips forward over the vertebra below it.
- This may happen because of:
 - Age-related degeneration
 - Stress fractures
 - Congenital abnormalities
 - Trauma
- Some people have no symptoms.
- Others may experience:
 - Lower back pain
 - Sciatica
 - Leg weakness
 - Difficulty standing or walking

Treatment depends on the severity of symptoms and may include physiotherapy, medications, injections or surgery.

- Can physiotherapy cure a slipped disc?

- Physiotherapy cannot make a herniated disc disappear immediately, but it can help many patients recover without surgery.
- A structured physiotherapy programme can:
 - Reduce pain
 - Improve flexibility
 - Strengthen core muscles
 - Improve posture
 - Reduce nerve irritation
 - Prevent future episodes
- Exercises should be individualised according to your diagnosis.
- Attempting exercises without proper evaluation may sometimes worsen symptoms, so it is advisable to consult a qualified healthcare professional.
- Are spinal injections an alternative to surgery?
- For selected patients, yes.
- Image-guided spinal injections can reduce inflammation around compressed nerves and provide significant pain relief.
- Common procedures include:
 - Selective Nerve Root Block
 - Epidural Steroid Injection
 - Caudal Epidural Injection
 - Facet Joint Injection
- These injections do not "fix" the slipped disc, but they may reduce pain enough to allow rehabilitation and recovery.
- Not every patient requires injections, and they should be recommended only after proper clinical assessment.
- When is surgery recommended for a slipped disc?
- Surgery may be recommended when:
 - Severe leg pain persists despite adequate conservative treatment.
 - Progressive muscle weakness develops.
 - Walking becomes difficult.
 - MRI confirms nerve compression that matches your symptoms.

Symptoms significantly affect your quality of life.

- There is loss of bladder or bowel control (cauda equina syndrome), which requires urgent surgery.
- The aim of surgery is to relieve pressure on the affected nerve, improve pain and restore function.
- Many modern procedures are performed using minimally invasive or endoscopic techniques, allowing faster recovery in appropriately selected patients.
- Can a slipped disc recur after surgery?
- Yes, but recurrence is relatively uncommon.

- Most patients experience excellent long-term relief after surgery.
- However, a small percentage of patients may develop another disc herniation at the same level or at a different spinal level later in life.
- The risk of recurrence can be reduced by:
 - Maintaining a healthy weight
 - Strengthening your core muscles
 - Practising good posture
 - Avoiding smoking
 - Using proper lifting techniques
 - Staying physically active
- Following your rehabilitation programme is an important part of preventing future problems.
- How can I prevent another slipped disc?
- Although it is not always possible to prevent a slipped disc, healthy lifestyle habits can significantly reduce your risk.
- Helpful measures include:
 - Maintain a healthy body weight.
 - Exercise regularly.
 - Strengthen your core muscles.
 - Practise good posture while sitting and standing.
 - Lift heavy objects correctly using your legs rather than your back.
 - Avoid prolonged sitting without movement.
 - Stop smoking.
 - Stay physically active.
 - Follow your physiotherapy programme.
- Small daily habits often have the greatest impact on long-term spinal health.
- Need Expert Advice?
- If you have persistent back pain, sciatica, numbness, weakness or have been diagnosed with a slipped disc, early evaluation can help determine the most appropriate treatment.
- At Bombay Spine Clinic™, we offer comprehensive assessment and personalised treatment plans, including conservative management, physiotherapy, image-guided spinal injections, minimally invasive spine surgery and endoscopic spine surgery, depending on your individual condition.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 3. Neck Pain & Cervical Spine

What is cervical spondylosis?

- Cervical spondylosis refers to age-related wear and tear of the bones, discs and joints of the neck (cervical spine). It is a very common condition and becomes more frequent as people grow older.
- Over time, the discs lose water content and become less flexible. Small bone spurs (osteophytes) and arthritis of the neck joints may also develop.

- Many people with cervical spondylosis have no symptoms and may only discover it on an X-ray or MRI. Others may experience:
- Neck pain or stiffness
- Pain radiating to the shoulders
- Headaches
- Arm pain
- Tingling or numbness
- Reduced neck movement
- Most patients improve with medications, physiotherapy, posture correction and regular exercises. Surgery is required only in selected patients with significant nerve or spinal cord compression.

What is cervical radiculopathy?

- Cervical radiculopathy occurs when one of the nerves leaving the cervical spine becomes compressed or irritated.
- The most common causes are:
- Cervical slipped disc
- Bone spurs (osteophytes)
- Cervical spondylosis

Symptoms usually affect one arm and may include:

- Neck pain
- Pain radiating into the shoulder, arm or hand
- Tingling
- Numbness
- Burning sensation
- Weakness in the arm or hand
- The location of symptoms depends on which nerve root is affected.
- Many patients recover with conservative treatment such as medications and physiotherapy. Surgery may be considered if symptoms persist, become severe or progressive weakness develops.

What is cervical myelopathy?

- Cervical myelopathy is a condition in which the spinal cord is compressed in the neck.
- Unlike cervical radiculopathy, which affects a single nerve root, cervical myelopathy affects the spinal cord itself and may cause problems involving both the arms and legs.
- Common causes include:
- Cervical spondylosis
- Large slipped discs
- Ossification of the Posterior Longitudinal Ligament (OPLL)

- Congenital narrowing of the spinal canal

Symptoms may include:

- Difficulty walking
- Loss of balance
- Hand clumsiness
- Difficulty buttoning clothes
- Weakness in the hands or legs
- Tingling in both hands
- Frequent falls
- Cervical myelopathy is usually a progressive condition and often requires surgery to prevent further neurological deterioration.
- Why does neck pain radiate into the arm?
- Pain radiates into the arm when a cervical nerve root becomes compressed or irritated.
- The nerves leaving the neck supply sensation and muscle function to the shoulders, arms and hands.
- When one of these nerves is affected, pain follows the path of that nerve and may be accompanied by:
- Tingling
- Numbness
- Burning sensation
- Weakness
- This is called cervical radicular pain.
- Treating the underlying nerve compression usually helps relieve these symptoms.
- Can cervical problems cause dizziness?
- Some patients with neck disorders report dizziness or a feeling of imbalance. However, true dizziness has many possible causes, and neck problems are only one of them.
- Other common causes include:
- Inner ear disorders
- Low blood pressure
- Certain medications
- Neurological conditions
- Anxiety
- Because dizziness can have several causes, it is important not to assume that the neck is responsible. A detailed clinical evaluation is needed to identify the underlying cause and determine the most appropriate treatment.
- Can cervical spine problems affect balance?
- Yes.
- When the spinal cord is compressed in the neck, it may interfere with the signals travelling from the brain to the legs.
- Patients may notice:

- Difficulty walking
- Frequent tripping
- Feeling unsteady
- Difficulty walking in the dark
- Loss of balance
- Frequent falls
- Balance problems associated with neck disease should never be ignored.
- Early diagnosis and timely treatment are important because prolonged spinal cord compression may lead to permanent neurological damage.
- Can cervical spine disease cause hand weakness?
- Yes.
- Compression of either the cervical nerve roots or the spinal cord can cause weakness in the hands.
- Patients may notice:
 - Difficulty gripping objects
 - Frequently dropping items
 - Difficulty writing
 - Difficulty opening jars
 - Hand clumsiness
 - Difficulty buttoning clothes
- Weakness is an important neurological symptom and should be evaluated promptly by a spine specialist.
- What are the symptoms of spinal cord compression?
- Spinal cord compression (cervical myelopathy) may develop gradually.
- Common symptoms include:
 - Difficulty walking
 - Poor balance
 - Hand clumsiness
 - Weakness in the arms or legs
 - Tingling or numbness in both hands
 - Difficulty with fine finger movements
 - Frequent falls
 - Increased stiffness in the legs
 - Difficulty passing urine (in advanced cases)
- Not every patient develops all these symptoms.
- Because spinal cord compression can worsen over time, early diagnosis is essential.
- When is cervical spine surgery necessary?
- Most patients with neck pain improve without surgery.
- Surgery may be recommended when:
 - Severe arm pain persists despite adequate conservative treatment.

- Progressive weakness develops.
- MRI confirms nerve or spinal cord compression that matches your symptoms.
- Cervical myelopathy is present.

Symptoms significantly interfere with daily life.

- There is progressive neurological deterioration.
- The goal of surgery is to relieve pressure on the nerves or spinal cord, improve pain, preserve neurological function and prevent further progression.

What is the difference between ACDF and Cervical Disc Replacement?

- Both procedures are performed to relieve pressure on the spinal nerves or spinal cord.
- Anterior Cervical Discectomy and Fusion (ACDF)
- In ACDF, the damaged disc is removed through a small incision in the front of the neck. A bone graft or cage is inserted, and the two vertebrae are fused together using a plate and screws when required.
- Cervical Disc Replacement (Artificial Disc Replacement)
- In Cervical Disc Replacement, the diseased disc is removed and replaced with an artificial disc designed to preserve motion at that spinal level.
- The choice between these procedures depends on several factors, including your age, spinal condition, number of affected levels, spinal alignment and the health of your facet joints. Your spine surgeon will recommend the most appropriate option after a thorough evaluation.

What is Microscopic Cervical Foraminotomy?

- Microscopic Cervical Foraminotomy is a motion-preserving minimally invasive procedure performed through a small incision at the back of the neck.
- Instead of removing the entire disc, the surgeon enlarges the opening (foramen) through which the nerve exits the spine and removes only the portion of disc or bone compressing the nerve.
- This procedure is suitable for carefully selected patients with cervical radiculopathy caused by nerve root compression, particularly when the spinal alignment is normal and spinal instability is absent.
- Because spinal fusion is not required, neck movement is preserved and recovery is often faster.
- Can cervical surgery restore nerve function?
- The primary goals of cervical spine surgery are to:
 - Relieve pressure on the nerves or spinal cord
 - Reduce pain
 - Improve strength
 - Improve walking and balance
 - Prevent further neurological deterioration

Recovery varies from person to person.

- Patients who undergo surgery before permanent nerve damage develops generally achieve better outcomes than those who delay treatment for a long time.
- Although many patients experience significant improvement, nerves heal gradually, and recovery may continue for several months after surgery.
- Need Expert Advice?
- If you have persistent neck pain, arm pain, tingling, numbness, weakness or difficulty walking, early evaluation can help identify the underlying cause and determine the most appropriate treatment.
- At Bombay Spine Clinic™, we provide comprehensive care for cervical spine disorders, including non-surgical treatment, image-guided spinal injections, Microscopic Cervical Foraminotomy, Anterior Cervical Discectomy and Fusion (ACDF), Cervical Disc Replacement, Minimally Invasive Spine Surgery and Endoscopic Spine Surgery, depending on your individual condition.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 4. Spine Surgery
- Is spine surgery safe?
- Modern spine surgery is generally very safe when performed for the right patient, for the right indication and by an experienced spine surgeon.
- Significant advances in surgical technology have made spine surgery safer and more precise than ever before. These include:
 - High-definition operating microscopes
 - Endoscopic spine surgery
 - Minimally invasive surgical techniques
 - Advanced imaging and navigation systems
 - Modern spinal implants
 - Improved anaesthesia and pain management
- At Bombay Spine Clinic™, every patient undergoes a comprehensive pre-operative assessment. Our multidisciplinary team—including physicians, anaesthetists, cardiologists and other specialists when required—helps optimise your health before surgery, reducing the risk of complications and supporting a smoother recovery.
- Like any operation, spine surgery carries some risks, but for appropriately selected patients, the benefits often outweigh these risks.
- Will I become paralysed after spine surgery?
- This is one of the most common fears among patients, but fortunately it is extremely uncommon.
- Modern spine surgery is performed with meticulous planning, specialised instruments and advanced imaging techniques designed to protect the spinal cord and nerves.
- Paralysis is not an expected outcome of spine surgery. In fact, many spine operations are performed to prevent paralysis or permanent nerve damage caused by ongoing compression of the spinal cord or nerves.
- At Bombay Spine Clinic™, careful patient selection, thorough pre-operative planning and precise surgical techniques help minimise the risk of neurological complications.
- Your surgeon will discuss the specific benefits and potential risks related to your individual condition before surgery.
- Will I need general anaesthesia?

- Most spine surgeries are performed under general anaesthesia, which means you will be completely asleep and will not feel pain during the procedure.
- Modern anaesthesia is extremely safe. Before surgery, you will be evaluated by an experienced anaesthetist who will review your medical history, medications and any existing medical conditions to ensure the safest possible care.
- During surgery, your heart rate, blood pressure, oxygen levels and breathing are continuously monitored by the anaesthesia team.
- For some image-guided spinal injections and selected minor procedures, local anaesthesia with or without mild sedation may be sufficient.
- Which spine surgery is best for me?
- There is no single "best" spine surgery for everyone.
- The most appropriate procedure depends on several factors, including:
 - Your diagnosis
 - Your symptoms
 - Clinical examination findings
 - MRI and other imaging results
 - Number of spinal levels involved
 - Presence of spinal instability
 - Your age and activity level
 - Overall medical fitness
- Your surgeon will recommend the treatment that is most suitable for your individual condition.
- At Bombay Spine Clinic™, treatment plans are personalised. Whenever possible, non-surgical treatment is considered first, and surgery is recommended only when it is likely to provide meaningful benefit.

What is minimally invasive spine surgery?

- Minimally Invasive Spine Surgery (MISS) uses specialised instruments and smaller incisions to treat spinal conditions while causing less disruption to the surrounding muscles and tissues.
- Compared with traditional open surgery, potential advantages may include:
 - Smaller incision
 - Less blood loss
 - Reduced muscle damage
 - Less post-operative pain
 - Shorter hospital stay
 - Earlier walking
 - Faster recovery
 - Smaller scar
- Not every spinal condition can be treated using minimally invasive techniques. Your surgeon will determine whether MISS is appropriate based on your diagnosis and spinal anatomy.

What is endoscopic spine surgery?

- Endoscopic spine surgery is an advanced minimally invasive technique performed using a high-definition endoscope (camera) inserted through a very small incision.
- The camera provides a magnified view of the spinal structures, allowing the surgeon to treat selected conditions with minimal tissue disruption.
- Endoscopic spine surgery is commonly used for:
 - Slipped discs
 - Sciatica
 - Lumbar canal stenosis
 - Selected cervical spine disorders
- Potential benefits include:
 - Very small incision
 - Less muscle injury
 - Reduced blood loss
 - Less post-operative pain
 - Earlier mobilisation
 - Faster return to daily activities
- Not every patient is a suitable candidate, and the choice depends on the specific spinal condition.

What is microscopic spine surgery?

- Microscopic spine surgery is performed using a high-powered operating microscope, which provides excellent illumination and magnification.
- The microscope allows the surgeon to clearly visualise the spinal nerves and surrounding structures while working through a relatively small incision.
- Microscopic techniques are commonly used for procedures such as:
 - Microdiscectomy
 - Tubular decompression
 - Cervical foraminotomy
 - Selected spinal fusion procedures
- The improved visualisation helps enhance precision while minimising injury to healthy tissues.

What is spinal fusion?

- Spinal fusion is a procedure in which two or more vertebrae are permanently joined together to eliminate abnormal movement between them.
- It is commonly performed for conditions such as:
 - Spinal instability
 - Spondylolisthesis
 - Severe degenerative disc disease

- Spinal deformity
- Certain fractures
- Some spinal tumours and infections
- During surgery, screws and rods are used to stabilise the spine while the bones gradually fuse together over several months.
- Fusion aims to reduce pain caused by instability, protect the nerves and restore spinal stability.
- Will screws and rods remain permanently?
- In most patients, yes.
- Spinal implants are designed to remain safely inside the body and usually do not need to be removed.
- Once bone fusion has occurred, the implants generally remain in place without causing problems.
- Implant removal is considered only in uncommon situations such as:
 - Infection
 - Implant failure
 - Persistent implant-related symptoms
 - Certain revision surgeries
- Most patients live normal, active lives with spinal implants.
- Can implants trigger airport security scanners?
- Modern spinal implants are usually made from titanium or other medical-grade alloys.
- Most patients pass through airport security without difficulty. Occasionally, implants may trigger metal detectors, although this is becoming less common with modern screening systems.
- If necessary, simply inform the security staff that you have undergone spine surgery.
- Routine implant cards are generally not required but may be helpful in some situations.

What is the success rate of spine surgery?

- The success of spine surgery depends on:
 - The correct diagnosis
 - Appropriate patient selection
 - Surgical expertise
 - Patient participation in rehabilitation
- When surgery is performed for the appropriate indication, most patients experience significant improvement in pain, function and quality of life.
- It is important to understand that the goal of surgery is to:
 - Relieve nerve compression
 - Improve function
 - Restore stability when required
 - Prevent further neurological deterioration

Recovery varies from person to person. Factors such as age, severity of nerve damage, overall health and adherence to rehabilitation all influence the final outcome.

- Can I get a second opinion before surgery?
- Absolutely.
- Seeking a second opinion is a sensible and responsible step, particularly before any major surgery.
- A second opinion can help you:
 - Confirm the diagnosis
 - Better understand your MRI findings
 - Explore non-surgical treatment options
 - Understand the benefits and risks of surgery
 - Feel more confident about your treatment decision
- At Bombay Spine Clinic™, we welcome patients seeking a second opinion. We carefully review your symptoms, examine you, assess your imaging studies and discuss all available treatment options before making any recommendation.
- Our goal is to help you make an informed decision based on the best available evidence and your individual needs.
- Need Expert Advice?
- If you have persistent back pain, neck pain, sciatica, numbness, weakness or have been advised spine surgery, we encourage you to seek expert evaluation before making a decision.
- At Bombay Spine Clinic™, we offer comprehensive spine care, including non-surgical treatment, image-guided spinal injections, minimally invasive spine surgery, endoscopic spine surgery, microscopic spine surgery, spinal deformity correction and complex spine reconstruction.
- Every treatment plan is individualised, with the aim of achieving the best possible outcome while avoiding unnecessary surgery whenever appropriate.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 5. Recovery After Surgery
- When can I walk after surgery?
- One of the biggest misconceptions about spine surgery is that patients need prolonged bed rest. In reality, early walking is encouraged after most spine surgeries.
- Many patients begin walking within a few hours after surgery or the next day, depending on the procedure performed and their overall condition.
- A typical walking programme is:
 - Immediately after surgery: Walking inside the hospital under supervision.
 - First week: Walking inside the house several times a day.
 - After one week: Begin outdoor walking on level ground.
 - After 2–6 weeks: Gradually increase the distance and duration as advised.
- Walking improves circulation, reduces stiffness, lowers the risk of blood clots and promotes faster recovery.
- Can I climb stairs?
- Yes.

- Most patients can climb stairs safely before leaving the hospital, provided they are comfortable and medically stable.
- Initially:
- Use the handrail for support.
- Climb one step at a time if needed.
- Avoid carrying heavy objects while climbing.
- As your strength improves, you can gradually return to normal stair climbing.
- If you have undergone a complex spinal reconstruction or have specific movement restrictions, your surgeon or physiotherapist will provide individual guidance.
- When can I drive?
- Driving requires good control of your neck, back and legs, along with the ability to react quickly in an emergency.
- As a general guideline:
- Minimally invasive or endoscopic surgery: Approximately 2–4 weeks
- Fusion surgery: Approximately 4–6 weeks
- You should only resume driving when:
- Pain is well controlled.
- You are no longer taking strong pain medications.
- You can comfortably turn your neck (after cervical surgery) or move your back safely.
- You can perform an emergency stop without hesitation.
- Your surgeon has confirmed that it is safe.
- When can I travel?
- Travel is usually possible after spine surgery, but it should be resumed gradually.
- General recommendations include:
- Short local travel: Usually after 2 weeks.
- Long-distance road travel: Usually after 6–8 weeks.
- Short flights: Often after 4–6 weeks, depending on the surgery.
- Long international flights: May require additional time and should be discussed with your surgeon.
- During long journeys:
- Stand up and walk every 45–60 minutes.
- Stretch your legs regularly.
- Stay well hydrated.
- Avoid carrying heavy luggage.
- When can I return to work?
- The timing depends on the type of surgery and the physical demands of your job.
- General recovery timelines are:
- Type of Work
- Approximate Timeline

- Work from Home
- About 2 weeks
- Desk / Office Job
- 3–4 weeks (after most minimally invasive procedures)
- Light Physical Work
- 4–8 weeks
- Heavy Manual Labour
- 3–6 months
- Your surgeon will guide you based on your individual recovery and occupation.
- When can I exercise?
- Light activity begins soon after surgery.
- Most patients start with:
 - Walking
 - Gentle stretching (when advised)
 - Physiotherapy exercises
 - Posture correction exercises
- More vigorous activities such as cycling, swimming or strengthening exercises are usually introduced gradually after your follow-up assessment.
- Always increase your activity level progressively and avoid high-impact exercises until your surgeon advises that it is safe.
- When can I join a gym?
- Returning to the gym should be gradual.
- As a general guide:
 - Light supervised exercises: Around 6–8 weeks
 - Strength training: Usually after 8–12 weeks
 - Heavy weightlifting: Only after your surgeon confirms adequate healing.
- Initially, focus on:
 - Core strengthening
 - Flexibility exercises
 - Low-impact aerobic exercise
 - Proper technique
- Avoid heavy lifting, twisting and high-impact workouts until you have fully recovered.
- When can I play sports?
- The timing depends on the type of sport and the surgery performed.
- General recommendations are:
 - Walking: Immediately after surgery
 - Stationary cycling: Around 6–8 weeks
 - Swimming: Once the wound has healed completely and your surgeon approves

- Golf, badminton and tennis: Usually after 3 months
- Running and high-impact sports: Approximately 10–12 weeks or later
- Contact sports: Only after medical clearance
- Returning to sports too early may increase the risk of injury, so follow your rehabilitation programme carefully.
- Will I require physiotherapy?
- Many patients benefit from physiotherapy, although not everyone requires formal rehabilitation.
- A physiotherapy programme may include:
 - Walking exercises
 - Stretching
 - Core strengthening
 - Neck or back mobility exercises
 - Balance training
 - Posture correction
 - Functional training for daily activities
- Your rehabilitation plan will be tailored to your surgery, symptoms and recovery.
- How long does complete recovery take?

Recovery occurs in stages.

- Most patients notice improvement in pain within the first few weeks, but complete healing takes longer.
- Typical recovery milestones are:
 - Walking: Immediately after surgery
 - Outdoor walking: Around 1 week
 - Short travel: Around 2 weeks
 - Office work: 3–4 weeks
 - Light exercise: 6–8 weeks
 - Sports: 10–12 weeks (depending on the procedure)
- For fusion surgery, the bone continues to heal for several months. Full recovery after complex procedures may take 6–12 months.

Recovery varies from person to person.

- What precautions should I take after surgery?
- During the early recovery period:
 - Walk regularly.
 - Avoid prolonged bed rest.
 - Avoid lifting heavy objects.
 - Avoid sudden twisting movements.
 - Maintain good posture.
 - Perform only the exercises recommended by your physiotherapist.

- Take medications as prescribed.
- Eat a balanced diet rich in protein and calcium.
- Stay well hydrated.
- Stop smoking, as it delays wound healing and bone fusion.
- Attend all scheduled follow-up appointments.
- Following your surgeon's advice carefully is one of the most important factors for a successful recovery.
- When should I contact my surgeon?
- Please contact your surgeon promptly if you experience:
 - Fever
 - Increasing redness, swelling or discharge from the wound
 - Severe or worsening pain that is not relieved by medication
 - Progressive weakness in the arms or legs
 - New numbness or tingling
 - Difficulty walking
 - Loss of bladder or bowel control
 - Calf swelling or sudden shortness of breath
 - Any new symptom that concerns you
- Early recognition and treatment of complications usually lead to better outcomes.
- Need Expert Advice?

Recovery after spine surgery is a gradual process, and every patient's journey is unique.

- At Bombay Spine Clinic™, we provide structured post-operative care, personalised rehabilitation guidance and regular follow-up to help you recover safely and confidently.
- If you have questions about your recovery or are concerned about any symptoms after surgery, our team is always available to guide you.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 6. Bone Health & Osteoporosis

What is osteoporosis?

- Osteoporosis is a condition in which bones become weak, porous and more likely to break, even after a minor fall or simple daily activity.
- Bone is living tissue that is constantly being broken down and rebuilt. As we age, especially after menopause in women, bone loss may occur faster than new bone formation. This gradually reduces bone strength.
- Osteoporosis most commonly affects the:
 - Spine
 - Hip
 - Wrist

- Because it usually develops without pain or symptoms, it is often called the "silent disease." Many people discover they have osteoporosis only after suffering a fracture.
- Fortunately, osteoporosis can be diagnosed early through a Bone Mineral Density (DEXA) Scan and managed with lifestyle changes, nutrition, medications and regular exercise.
- Who is at risk of osteoporosis?
- Anyone can develop osteoporosis, but certain individuals are at higher risk.
- Risk factors include:
 - Women after menopause
 - Age above 50 years
 - Family history of osteoporosis
 - Previous low-energy fracture
 - Low body weight
 - Vitamin D deficiency
 - Calcium deficiency
 - Smoking
 - Excess alcohol consumption
 - Long-term steroid medication use
 - Rheumatoid arthritis and other chronic inflammatory diseases
 - Hormonal disorders
 - Lack of physical activity
- Although osteoporosis is more common in women, men can also develop osteoporosis, particularly after the age of 65 or in the presence of certain medical conditions.
- Early screening helps identify high-risk individuals before fractures occur.

What is the difference between osteopenia and osteoporosis?

- Both osteopenia and osteoporosis indicate reduced bone density, but they differ in severity.
- Osteopenia
 - Osteopenia means your bone density is lower than normal but not low enough to be classified as osteoporosis. It is considered an early warning sign.
- Osteoporosis
 - Osteoporosis is a more advanced stage of bone loss where bones become significantly weaker and the risk of fractures increases substantially.
- A DEXA Scan measures bone density using a value called the T-score.
 - Normal: T-score of -1.0 or above
 - Osteopenia: T-score between -1.0 and -2.5
 - Osteoporosis: T-score of -2.5 or lower
- Early diagnosis during the osteopenia stage provides an opportunity to strengthen bones and reduce the risk of future fractures.
- When should I undergo a Bone Mineral Density (DEXA) Scan?

- A DEXA (Dual-Energy X-ray Absorptiometry) Scan is the most widely used test for measuring bone density and assessing fracture risk.
- Your doctor may recommend a DEXA Scan if you:
 - Are a woman aged 65 years or older
 - Are a man aged 70 years or older
 - Are a postmenopausal woman with additional risk factors
 - Have had a fracture after a minor fall
 - Have been taking steroid medications for more than three months
 - Have rheumatoid arthritis or other conditions affecting bone health
 - Have a strong family history of osteoporosis
 - Have experienced significant loss of height or developed a stooped posture
- Depending on your results, your doctor will advise how often the test should be repeated.
- Can osteoporosis be reversed?
- Osteoporosis cannot always be completely reversed, but it can be effectively treated and managed.
- The goals of treatment are to:
 - Increase or maintain bone strength
 - Reduce the risk of fractures
 - Prevent further bone loss
 - Improve balance and muscle strength

Treatment may include:

- Calcium-rich nutrition
- Adequate Vitamin D
- Regular weight-bearing exercise
- Strength training
- Lifestyle modification
- Prescription medications
- Fall prevention strategies
- Early diagnosis offers the best opportunity to preserve bone health.
- Which foods strengthen bones?
- A balanced diet plays an important role in maintaining healthy bones.
- Foods that support bone health include:
 - Calcium-Rich Foods
 - Milk
 - Curd (Yogurt)
 - Paneer
 - Ragi (Finger Millet)
 - Sesame seeds (Til)

- Tofu
- Soybeans
- Green leafy vegetables
- Protein-Rich Foods
- Eggs
- Fish
- Chicken
- Dal
- Rajma
- Chickpeas
- Paneer
- Greek yogurt
- Vitamin D Sources
- Safe sunlight exposure
- Fatty fish
- Egg yolk
- Fortified milk
- Fortified cereals
- A healthy diet works best when combined with regular exercise and appropriate medical treatment if osteoporosis is present.
- Do I need calcium supplements?
- Not everyone requires calcium supplements.
- Many people can meet their calcium needs through a balanced diet containing dairy products, green vegetables, pulses and calcium-rich foods.
- Your doctor may recommend supplements if:
- Your dietary calcium intake is inadequate
- You have osteoporosis or osteopenia
- Your calcium requirements are increased
- You have conditions affecting calcium absorption
- Taking excessive calcium without medical advice is not recommended, as unnecessary supplementation may not provide additional benefit and may not be appropriate for everyone.
- Do I need Vitamin D supplements?
- Vitamin D helps your body absorb calcium and is essential for healthy bones and muscles.
- Because Vitamin D deficiency is common, especially in people who spend most of their time indoors, your doctor may recommend testing your Vitamin D levels if indicated.
- Supplements may be advised if:
- Blood tests confirm deficiency
- You have osteoporosis

- You have experienced fragility fractures
- You have limited sunlight exposure
- Certain medical conditions reduce Vitamin D absorption
- The dose and duration of supplementation should always be guided by your healthcare provider.
- Which exercises improve bone strength?
- Regular physical activity is one of the most effective ways to maintain bone health.
- Helpful exercises include:
 - Walking
 - Stair climbing
 - Brisk walking
 - Light jogging (when appropriate)
 - Resistance or strength training
 - Balance exercises
 - Tai Chi
 - Weight-bearing exercises
- Strong muscles also improve balance and reduce the risk of falls.
- If you already have osteoporosis or spinal fractures, consult your doctor or physiotherapist before starting a new exercise programme, as certain high-impact or bending exercises may not be appropriate.
- Can osteoporosis cause spinal fractures?
- Yes.
- Osteoporosis is one of the most common causes of compression fractures of the spine.
- These fractures may occur after a minor fall or even during routine daily activities.
- Common symptoms include:
 - Sudden back pain
 - Loss of height
 - Stooped posture
 - Difficulty standing upright
 - Multiple fractures over time
- Without treatment, repeated spinal fractures may lead to progressive spinal deformity and chronic pain.
- Early diagnosis and appropriate treatment significantly reduce the risk of future fractures.

What is Vertebroplasty?

- Vertebroplasty is a minimally invasive procedure used to treat selected painful osteoporotic compression fractures.
- During the procedure:
 - A needle is inserted into the fractured vertebra under X-ray guidance.
 - Special medical bone cement is injected into the collapsed bone.
 - The cement hardens quickly, helping stabilise the fracture.

- The goal of vertebroplasty is to reduce pain and improve mobility in carefully selected patients.
- It is not suitable for every spinal fracture, and your spine surgeon will determine whether it is appropriate for your condition.

What is Kyphoplasty?

- Kyphoplasty is another minimally invasive procedure used to treat selected osteoporotic spinal compression fractures.
- The procedure is similar to vertebroplasty but includes an additional step:
- A small balloon is inserted into the fractured vertebra and gently inflated to create a cavity and, in some cases, partially restore vertebral height.
- The balloon is then removed.
- Bone cement is injected into the cavity to stabilise the fracture.
- Kyphoplasty may help reduce pain, improve mobility and, in selected patients, partially restore spinal alignment.
- Not every patient with an osteoporotic fracture requires kyphoplasty. The decision depends on the type of fracture, symptoms and imaging findings.
- Need Expert Advice?
- If you have osteoporosis, recurrent back pain, loss of height, a spinal compression fracture or would like to assess your bone health, early evaluation is important.
- At Bombay Spine Clinic™, we offer comprehensive bone health assessment, osteoporosis screening, fracture risk evaluation and personalised treatment plans aimed at preventing fractures and maintaining long-term spinal health.
- Whether you need lifestyle advice, medical management or minimally invasive procedures such as Vertebroplasty or Kyphoplasty, our team will help you choose the most appropriate treatment.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 7. MRI & Investigations
- When do I need an MRI?
- An MRI (Magnetic Resonance Imaging) is one of the best tests for evaluating the spine because it provides detailed images of the discs, nerves, spinal cord and surrounding soft tissues.
- However, not everyone with neck or back pain needs an MRI.
- Your doctor may recommend an MRI if you have:
- Persistent pain lasting more than 4–6 weeks despite treatment
- Pain radiating into the arm or leg (sciatica)
- Tingling or numbness
- Weakness in the arms or legs
- Difficulty walking
- Suspected spinal infection or tumour
- Previous spine surgery with new symptoms
- Red flag symptoms such as bladder or bowel problems

- For most patients with recent uncomplicated back pain, an MRI is not immediately necessary. A detailed history and physical examination usually guide the need for imaging.
- Is every MRI abnormality responsible for pain?
- No.
- One of the biggest misconceptions is that every abnormality seen on an MRI is the cause of pain.
- Many healthy people with no symptoms at all may have:
 - Disc bulges
 - Disc degeneration
 - Small slipped discs
 - Mild arthritis
 - Age-related changes
- These findings often occur naturally with ageing.
- Similarly, some patients may have severe pain despite only minor MRI changes.
- For this reason, MRI findings must always be interpreted together with your symptoms and physical examination.
- Your doctor treats the patient—not the MRI report.

What is a slipped disc on MRI?

- A slipped disc, also called a disc herniation or prolapsed disc, occurs when the soft inner portion of a spinal disc pushes through its outer layer.
- On an MRI, a slipped disc may appear as a bulge or protrusion that sometimes presses on nearby nerves.
- Not every slipped disc causes symptoms.
- Many people have disc bulges on MRI without experiencing pain.

Treatment depends on:

- Your symptoms
- Clinical examination
- Whether the disc is compressing a nerve
- The severity of your condition
- MRI helps determine the location and extent of the disc herniation, allowing your doctor to plan appropriate treatment.
- What does nerve compression mean?
- Nerve compression means that a spinal nerve is being pressed, irritated or squeezed by surrounding structures.
- Common causes include:
 - Slipped disc
 - Bone spurs (osteophytes)
 - Thickened ligaments
 - Lumbar or cervical canal stenosis

- Spinal cysts
- When a nerve is compressed, symptoms may include:
- Pain radiating into the arm or leg
- Tingling
- Numbness
- Burning sensation
- Muscle weakness
- The location of symptoms depends on which nerve is affected.

Treatment aims to relieve pressure on the nerve using medications, physiotherapy, injections or surgery, depending on the severity.

What is canal stenosis?

- The spinal canal is the passage through which the spinal cord and spinal nerves travel.
- Canal stenosis means this passage has become narrower than normal, reducing the available space for the nerves.
- Common causes include:
- Age-related arthritis
- Thickened ligaments
- Disc bulging
- Bone spurs
- Congenital narrowing of the spinal canal

Symptoms may include:

- Back or neck pain
- Leg pain
- Numbness
- Difficulty walking
- Pain that improves when bending forward
- Not every patient with canal stenosis requires surgery. Treatment depends on the severity of symptoms and their impact on daily life.

What is spinal cord compression?

- The spinal cord carries messages between your brain and the rest of your body.
- Spinal cord compression occurs when something presses on the spinal cord, such as:
- Cervical slipped disc
- Cervical spondylosis
- Bone spurs

- OPLL (Ossification of the Posterior Longitudinal Ligament)
- Tumours
- Infections

Symptoms may include:

- Difficulty walking
- Poor balance
- Hand clumsiness
- Weakness
- Tingling in both hands
- Frequent falls
- Bladder or bowel problems (in advanced cases)
- Because prolonged compression may lead to permanent nerve damage, early diagnosis and timely treatment are important.
- Why do MRI findings and symptoms sometimes differ?
- MRI shows the structure of the spine, but it does not always explain how much pain a person will experience.
- Some people have:
- Large disc bulges with no symptoms.
- Others have:
- Severe pain despite only minor MRI abnormalities.
- Pain depends on many factors, including:
- Nerve inflammation
- Muscle spasm
- Facet joint arthritis
- Sacroiliac joint dysfunction
- Myofascial pain
- Individual pain sensitivity
- This is why your doctor combines your medical history, physical examination and MRI findings before recommending treatment.
- Treating MRI findings alone may lead to unnecessary procedures.
- When is a CT scan required?
- A CT (Computed Tomography) scan provides detailed images of the bones of the spine.
- Your doctor may recommend a CT scan when:
- A spinal fracture is suspected
- Bone anatomy needs detailed evaluation
- Surgical planning is required
- Implant position needs assessment after surgery
- Certain spinal tumours or infections require further evaluation

- MRI cannot be performed
- CT scans complement MRI because they show bone much better, whereas MRI provides superior images of discs, nerves and the spinal cord.
- When are dynamic X-rays necessary?
- Dynamic X-rays, also called flexion-extension X-rays, are performed while bending forwards and backwards.
- These X-rays help assess whether the spine is stable during movement.
- They are commonly used when your doctor suspects:
 - Spondylolisthesis
 - Spinal instability
 - Excessive movement between vertebrae
 - Instability after previous spine surgery
- Dynamic X-rays provide valuable information that cannot be obtained from a routine MRI performed while lying down.

What is a DEXA Scan?

- A DEXA (Dual-Energy X-ray Absorptiometry) Scan is a specialised, low-dose X-ray used to measure bone mineral density (BMD).
- It is the standard test for diagnosing:
 - Osteoporosis
 - Osteopenia
- The scan is:
 - Quick
 - Painless
 - Safe
 - Non-invasive
- A DEXA Scan helps estimate fracture risk and guides treatment decisions.
- It is commonly recommended for older adults, postmenopausal women and individuals with risk factors for osteoporosis.
- Do I need repeat MRI scans?
 - Not always.
 - Repeat MRI scans are usually recommended only if:
 - Your symptoms change significantly.
 - New weakness develops.

Symptoms worsen despite treatment.

- Surgery is being planned.
- Previous surgery has been performed and new symptoms develop.
- Infection or tumour needs follow-up.

- Routine repeat MRI scans are not necessary if your symptoms are improving.

Treatment decisions are based primarily on your clinical progress rather than MRI changes alone.

- How should I prepare for an MRI?
- MRI is a safe, painless investigation that does not use ionising radiation.
- Before your MRI:
 - Wear comfortable clothing without metal fasteners.
 - Remove jewellery, watches and metallic objects.
 - Inform the MRI staff if you have:
 - A pacemaker
 - Cochlear implant
 - Certain aneurysm clips
 - Metallic fragments in the eye
 - Any implanted medical device
 - Inform the staff if you are pregnant or think you may be pregnant.
 - If you are claustrophobic, let your doctor know in advance. Medication or alternative options may be available.
 - Most MRI scans take 20–45 minutes, during which it is important to remain as still as possible to obtain clear images.
- Need Expert Advice?
 - If you have undergone an MRI, CT scan, X-ray or DEXA Scan and would like to better understand your results, we are here to help.
 - At Bombay Spine Clinic™, we believe that imaging findings should always be interpreted alongside your symptoms and physical examination. We take the time to explain your reports in simple language and discuss all appropriate treatment options—whether surgical or non-surgical.
 - You can also upload your MRI or imaging studies for an expert review and second opinion.
 - Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 8. Lifestyle & Exercise
 - Which exercises are good for back pain?
 - The best exercises depend on the cause of your back pain. There is no single exercise that suits everyone.
 - In general, the following exercises are beneficial for many people with mechanical back pain:
 - Walking
 - Core strengthening exercises
 - Stretching exercises
 - McKenzie extension exercises (for selected patients)
 - Pelvic tilt exercises
 - Bridge exercises
 - Hamstring stretches

- Low-impact aerobic exercises
- Exercise should always be performed with proper technique and according to your diagnosis. If your pain is severe, associated with leg weakness or caused by conditions such as a slipped disc or spinal stenosis, consult your doctor or physiotherapist before starting a new exercise programme.
- Which exercises should I avoid?
- Not every exercise is suitable for every spinal condition.
- During an episode of back or neck pain, it may be advisable to avoid:
 - Heavy weightlifting
 - Sudden twisting movements
 - High-impact jumping exercises
 - Deep forward bending with heavy weights
 - Exercises that significantly increase pain
 - Contact sports until recovery
- Patients with osteoporosis should also avoid activities that involve excessive forward bending or sudden jerky movements because these may increase the risk of fractures.
- Always perform exercises under professional guidance if you have persistent symptoms or have recently undergone spine surgery.
- Can walking improve back pain?
- Yes. Walking is one of the safest and most effective exercises for many patients with back pain.
- Walking helps by:
 - Improving blood circulation
 - Reducing muscle stiffness
 - Strengthening supporting muscles
 - Maintaining flexibility
 - Helping with weight management
 - Improving overall fitness
- Begin with short walks and gradually increase the duration as tolerated.
- However, if walking significantly worsens your symptoms, especially if you have severe spinal stenosis or nerve compression, consult your doctor for further evaluation.
- Is yoga good for spine problems?
- Yoga may help improve:
 - Flexibility
 - Core strength
 - Posture
 - Balance
 - Stress management
- For many people with chronic mechanical back pain, yoga can be a useful part of a supervised rehabilitation programme.
- However, not every yoga posture is appropriate for every spinal condition.

- Patients with:
- Acute slipped disc
- Severe sciatica
- Osteoporosis
- Spinal fractures
- Recent spine surgery
- should avoid advanced twisting or deep bending postures unless specifically advised by their healthcare professional.
- Always learn yoga from a qualified instructor familiar with spinal disorders.
- Can swimming help?
- Yes.
- Swimming is an excellent low-impact exercise because the water supports your body weight and reduces stress on the spine and joints.
- Benefits include:
- Improved muscle strength
- Better flexibility
- Improved cardiovascular fitness
- Reduced joint loading
- Easier movement for many patients with arthritis
- However, certain strokes that involve excessive neck extension, such as prolonged breaststroke, may aggravate neck pain in some individuals.
- Discuss the most appropriate swimming style with your doctor or physiotherapist if you have an existing spinal condition.

What is the best sleeping position?

- A good sleeping position helps maintain the natural alignment of the spine.
- General recommendations include:
- If you sleep on your back
- Place a small pillow beneath your knees to reduce stress on the lower back.
- If you sleep on your side
- Place a pillow between your knees to keep your spine aligned.
- If you sleep on your stomach
- This position is generally not recommended because it increases strain on the neck and lower back.
- Choose a comfortable pillow that keeps your neck in a neutral position rather than bending it excessively forward or sideways.
- Which mattress is best?
- There is no single mattress that is best for everyone.
- Most experts recommend a medium-firm mattress, as it provides a good balance between comfort and spinal support.

- A mattress should:
- Support the natural curves of your spine
- Prevent excessive sinking
- Feel comfortable throughout the night
- Replacing an old, sagging mattress may help some people with chronic back pain.
- The "best" mattress is ultimately one that allows you to sleep comfortably and wake up without increased pain or stiffness.
- How should I sit while working?
- Good sitting posture reduces unnecessary stress on the spine.
- Helpful ergonomic tips include:
- Sit with your back well supported.
- Keep both feet flat on the floor.
- Knees should be at approximately 90 degrees.
- Keep the computer screen at eye level.
- Keep elbows close to your body.
- Avoid slouching or leaning forwards for prolonged periods.
- Most importantly, avoid sitting continuously for long periods.
- Stand up, stretch and walk for a few minutes every 30–45 minutes.
- Regular movement is more important than maintaining any single "perfect" posture all day.
- How should I lift heavy objects safely?
- Improper lifting is a common cause of back injury.
- To lift safely:
- Stand close to the object.
- Keep your back as straight as possible.
- Bend at your hips and knees rather than your waist.
- Tighten your abdominal muscles.
- Hold the object close to your body.
- Lift using the strength of your legs.
- Avoid twisting while lifting.
- If the object is too heavy, ask for assistance.
- Good lifting technique helps reduce stress on the spine and lowers the risk of injury.
- Can prolonged sitting damage the spine?
- Prolonged sitting is associated with an increased risk of:
- Neck pain
- Back pain
- Muscle stiffness
- Poor posture
- Reduced flexibility

- Sitting for many hours without movement also contributes to reduced physical activity and weight gain, which can further affect spinal health.
- If your work requires prolonged sitting:
- Take movement breaks every 30–45 minutes.
- Stretch regularly.
- Walk for a few minutes whenever possible.
- Maintain good workstation ergonomics.
- Regular movement is one of the most effective ways to protect your spine.
- How important is body weight?
- Maintaining a healthy body weight is important for spinal health.
- Excess body weight increases the load on the spine, particularly the lower back.
- Obesity has been associated with:
- Chronic back pain
- Degenerative disc disease
- Lumbar canal stenosis
- Knee and hip arthritis
- Reduced mobility
- Even modest weight loss can reduce stress on the spine and improve pain in many individuals.
- A balanced diet combined with regular exercise is the most effective long-term approach.
- How can I keep my spine healthy for life?
- Healthy habits play a major role in maintaining spinal health.
- Simple steps include:
- Exercise regularly.
- Maintain a healthy body weight.
- Strengthen your core muscles.
- Eat a balanced diet rich in calcium, protein and Vitamin D.
- Practise good posture.
- Lift objects correctly.
- Avoid smoking.
- Stay physically active.
- Treat osteoporosis when present.
- Seek medical advice early if symptoms persist.
- Most spinal problems can be managed more effectively when diagnosed early.
- Looking after your spine every day is one of the best investments you can make in your long-term health and quality of life.
- Need Expert Advice?
- If you have persistent neck pain, back pain, sciatica, recurrent stiffness or would like guidance on safe exercises, posture or lifestyle modifications, we are here to help.

- At Bombay Spine Clinic™, we believe that prevention is just as important as treatment. Our team provides personalised advice on exercise, ergonomics, weight management, rehabilitation and long-term spine care to help you stay active and independent.
- Whether your goal is to relieve pain, recover after surgery or prevent future spine problems, we can help you develop a plan that is tailored to your individual needs.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 9. Spine Infections & Spine Tumours

What is TB Spine?

- TB Spine, also known as Spinal Tuberculosis, Pott's Spine or Koch's Spine, is an infection of the bones and discs of the spine caused by the bacteria *Mycobacterium tuberculosis*.
- Although tuberculosis most commonly affects the lungs, it can also involve the spine. If left untreated, TB Spine may gradually damage the vertebrae, leading to spinal deformity, instability or compression of the spinal cord and nerves.
- Common symptoms include:
 - Persistent back pain
 - Fever
 - Night sweats
 - Unexplained weight loss
 - Loss of appetite
 - Difficulty walking
 - Weakness in the legs (in advanced cases)
- The good news is that most patients recover well with timely diagnosis and appropriate anti-tubercular medications. Early treatment helps prevent permanent complications.
- Can TB Spine be treated without surgery?
- Yes. Most patients with TB Spine can be treated successfully without surgery.
- The primary treatment for spinal tuberculosis is Anti-Tubercular Therapy (ATT), which consists of a combination of medicines taken for several months under medical supervision.
- Along with medications, treatment may include:
 - Pain relief medicines
 - Nutritional support
 - Physiotherapy
 - Activity modification
 - Regular follow-up with imaging and blood tests
- Surgery is not routinely required. It is considered only when there is:
 - Progressive neurological weakness
 - Significant spinal instability
 - Severe spinal deformity
 - Large abscess causing compression

- Failure to improve despite appropriate medication
- Uncertainty regarding the diagnosis
- Early diagnosis greatly increases the chances of successful non-surgical treatment.
- How long is TB Spine treatment?

Treatment for TB Spine usually lasts 9–12 months, although the exact duration depends on:

- The severity of the infection
- The patient's response to treatment
- Imaging findings
- Blood test results
- Advice from your treating physician
- It is very important to complete the full course of medication, even if symptoms improve earlier. Stopping treatment prematurely can lead to persistent infection or drug-resistant tuberculosis.
- Regular follow-up appointments, blood tests and imaging studies help monitor healing and ensure the infection is responding to treatment.

What is a spinal tumour?

- A spinal tumour is an abnormal growth of cells within or around the spine.
- Spinal tumours may arise from:
 - The vertebrae (bones of the spine)
 - The spinal cord
 - The nerves
 - Surrounding soft tissues
- Cancer that has spread to the spine from another part of the body (metastatic tumour)
- Some spinal tumours are benign (non-cancerous), while others are malignant (cancerous).
- Not every spinal tumour requires immediate surgery. Treatment depends on the type of tumour, its location, symptoms and overall health of the patient.
- Are all spinal tumours cancerous?
- No.
- Many spinal tumours are benign, which means they are not cancerous and do not spread to other parts of the body.
- Examples include:
 - Osteoid osteoma
 - Osteoblastoma
 - Schwannoma
 - Meningioma
 - Giant Cell Tumour (locally aggressive but usually benign)

- Some tumours are malignant, either arising in the spine itself or spreading from cancers elsewhere in the body, such as the breast, lung, prostate or kidney.
- Because treatment varies widely depending on the type of tumour, further investigations such as MRI, CT scan, PET-CT or biopsy may be required before planning treatment.
- What symptoms suggest a spinal infection?
- A spinal infection often develops gradually and may initially resemble ordinary back pain.

Symptoms may include:

- Persistent back or neck pain
- Pain that gradually worsens
- Fever
- Night sweats
- Loss of appetite
- Unexplained weight loss
- Fatigue
- Difficulty walking
- Weakness or numbness in the legs
- Severe pain that disturbs sleep
- Patients with diabetes, weakened immunity, recent surgery or tuberculosis may have a higher risk of developing spinal infections.
- Persistent back pain associated with fever or weight loss should always be evaluated promptly.
- What symptoms suggest a spinal tumour?
- The symptoms of a spinal tumour depend on its size and location.
- Common symptoms include:
 - Persistent back pain
 - Pain that is worse at night
 - Pain that does not improve with rest
 - Progressive weakness in the arms or legs
 - Numbness or tingling
 - Difficulty walking
 - Loss of balance
 - Loss of bladder or bowel control (in advanced cases)
 - Unexplained weight loss
- These symptoms do not necessarily mean a person has a spinal tumour, but they should be evaluated by a spine specialist as early diagnosis often leads to better outcomes.
- When is surgery required for spinal infections?
- Although many spinal infections respond well to antibiotics or anti-tubercular medications, surgery may be recommended in certain situations.

- Surgery may be necessary if there is:
- Progressive neurological weakness
- Significant spinal cord or nerve compression
- Spinal instability
- Progressive spinal deformity
- Large abscess causing compression
- Persistent severe pain despite treatment
- Failure of medical treatment
- Need for biopsy when the diagnosis is uncertain
- The goals of surgery are to remove infected tissue, relieve pressure on the nerves or spinal cord, restore spinal stability and improve function.
- The exact procedure depends on the type and extent of the infection.
- When is spinal tumour surgery necessary?
- Not every spinal tumour requires surgery.
- The decision depends on:
- The type of tumour
- Whether it is benign or malignant
- Tumour size
- Location

Symptoms

- Degree of spinal instability
- Presence of spinal cord or nerve compression
- Surgery may be recommended when:
- There is progressive neurological weakness.
- Severe pain is not controlled with medication.
- The tumour compresses the spinal cord or nerves.
- The spine becomes unstable due to bone destruction.
- A tissue biopsy is required to establish the diagnosis.
- In some cases, surgery is combined with radiotherapy, chemotherapy, targeted therapy or other specialised treatments.
- Management is often planned by a multidisciplinary team involving spine surgeons, oncologists, radiologists and pathologists.
- Need Expert Advice?
- Persistent back pain should never be ignored—especially if it is associated with fever, weight loss, night pain, weakness or difficulty walking.
- At Bombay Spine Clinic™, we specialise in the diagnosis and treatment of Spinal Tuberculosis, Spinal Infections and Spinal Tumours. We offer comprehensive evaluation using advanced imaging, laboratory investigations and multidisciplinary treatment planning to ensure accurate diagnosis and personalised care.

Treatment may include:

- Medical management
- Anti-tubercular therapy (ATT)
- Antibiotic therapy
- Image-guided biopsy
- Minimally invasive spine surgery
- Spinal decompression
- Tumour surgery
- Spinal stabilisation and reconstruction
- Rehabilitation and long-term follow-up
- If you have been diagnosed with a spinal infection or spinal tumour—or would like a second opinion—our team is here to guide you through every step of your treatment journey.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 10. Pain Management & Non-Surgical Treatments
- When should I consider spinal injections?
- Spinal injections may be recommended when pain persists despite medications, physiotherapy and lifestyle modifications, but surgery is not immediately required.
- They are commonly used for:
- Sciatica due to a slipped disc
- Lumbar canal stenosis
- Cervical radiculopathy
- Facet joint arthritis
- Chronic neck pain
- Chronic back pain
- Sacroiliac (SI) joint pain
- The main goals of spinal injections are to:
- Reduce inflammation around irritated nerves
- Relieve pain
- Improve mobility
- Allow participation in physiotherapy and rehabilitation
- Spinal injections are usually performed under imaging guidance (fluoroscopy or ultrasound) to improve accuracy and safety. They are only one part of a comprehensive treatment plan and work best when combined with exercise, posture correction and lifestyle modification.

What is a Selective Nerve Root Block (SNRB)?

- A Selective Nerve Root Block (SNRB) is an image-guided procedure in which a small amount of local anaesthetic and anti-inflammatory medication is injected around a specific spinal nerve.
- It is commonly used for:

- Sciatica
- Cervical radiculopathy
- Nerve compression due to a slipped disc
- Foraminal stenosis
- An SNRB serves two important purposes:
- Diagnostic: It helps confirm which nerve is causing your symptoms.
- Therapeutic: It reduces inflammation and provides pain relief.
- The procedure is usually performed as a day-care treatment under X-ray guidance and takes only a few minutes. Most patients can return home the same day.

What is a Facet Joint Injection?

- Facet joints are the small joints at the back of the spine that help guide movement and provide stability.
- With ageing or arthritis, these joints can become inflamed and painful.
- A Facet Joint Injection involves injecting a local anaesthetic and anti-inflammatory medication into or around the affected facet joint under imaging guidance.
- It may be recommended for:
- Chronic neck pain
- Chronic low back pain
- Facet joint arthritis
- Pain aggravated by standing or twisting
- Facet injections help confirm whether the facet joints are the source of pain and may provide temporary pain relief. If pain recurs after good initial relief, Radiofrequency Ablation (RFA) may be considered in selected patients.

What is an Epidural Injection?

- An Epidural Injection delivers anti-inflammatory medication into the epidural space surrounding the spinal nerves.
- It is commonly used for:
- Slipped disc
- Sciatica
- Lumbar canal stenosis
- Cervical radiculopathy
- The medication helps reduce inflammation around the affected nerve, which may relieve pain and improve function.
- The procedure is performed under imaging guidance and usually takes 15–30 minutes.
- An epidural injection does not remove the slipped disc, but by reducing inflammation it may allow the nerve to recover and enable patients to participate more comfortably in rehabilitation.

What is a Caudal Epidural Injection?

- A Caudal Epidural Injection is a type of epidural injection in which medication is introduced through the natural opening at the base of the spine (the sacral hiatus).
- This approach allows medication to spread to multiple lower spinal nerve roots.
- It may be useful for:
 - Chronic low back pain
 - Sciatica
 - Lumbar canal stenosis
 - Multiple-level nerve irritation
 - Persistent pain after previous spine surgery (selected patients)
- The procedure is minimally invasive, usually performed under X-ray guidance and does not require hospital admission.

What is Radiofrequency Ablation (RFA)?

- Radiofrequency Ablation (RFA) is a minimally invasive pain management procedure used to treat chronic pain arising from the facet joints.
- After confirming the diagnosis with diagnostic nerve blocks, a specialised needle is placed next to the small sensory nerves supplying the painful facet joints.
- Controlled heat generated by radiofrequency energy temporarily interrupts these pain signals.
- RFA may be considered for:
 - Chronic neck pain
 - Chronic low back pain
 - Facet joint arthritis
- The procedure does not damage the spine or affect muscle strength. Because nerves may gradually regenerate over time, pain relief is not always permanent and the procedure can sometimes be repeated if appropriate.
- Are spinal injections painful?
- Most patients tolerate spinal injections very well.
- The skin is first numbed with a local anaesthetic, after which the injection is performed under imaging guidance.
- You may feel:
 - Mild pressure
 - Temporary discomfort
 - Brief reproduction of your usual pain as the medication is injected
- The procedure usually takes only 15–30 minutes, and most patients return home the same day.
- Any soreness at the injection site typically settles within a day or two.
- How long do injections last?
- The duration of pain relief varies from person to person.
- Some patients experience relief for:
 - A few weeks
 - Several months

- Occasionally longer
- The effectiveness depends on:
 - The underlying spinal condition
 - The severity of nerve irritation
 - Your rehabilitation programme
 - Lifestyle factors
- Spinal injections are most effective when combined with physiotherapy, exercise, weight management and posture correction.
- They are intended to facilitate recovery rather than provide a permanent cure.
- Can injections replace surgery?
- Sometimes—but not always.
- For many patients with mild to moderate nerve irritation, spinal injections may provide enough pain relief to avoid or postpone surgery.
- However, injections cannot correct significant structural problems such as:
 - Severe nerve compression
 - Progressive neurological weakness
 - Marked spinal instability
 - Significant spinal cord compression
- If surgery is clearly indicated because of progressive neurological symptoms or severe structural compression, injections should not be considered a substitute.
- Your spine specialist will recommend the most appropriate treatment based on your symptoms, examination and imaging findings.
- Are spinal injections safe?
- When performed by trained specialists using imaging guidance, spinal injections are generally considered safe.
- Like any medical procedure, there are potential risks, although serious complications are uncommon.
- Possible risks include:
 - Temporary soreness at the injection site
 - Bleeding
 - Infection
 - Temporary increase in pain
 - Allergic reaction (rare)
 - Temporary numbness or weakness
- Your doctor will discuss the expected benefits and potential risks before the procedure and determine whether it is appropriate for your condition.
- What questions should I ask before surgery?
- If surgery has been recommended, it is important to understand your condition and treatment options before making a decision.
- Consider asking your surgeon:
 - What exactly is my diagnosis?

- Why is surgery recommended?
- Are there any non-surgical alternatives?
- What type of surgery is best for my condition?
- What are the expected benefits?
- What are the possible risks and complications?

What is the expected recovery timeline?

- How long will I stay in hospital?
- When can I return to work, driving and exercise?

What is the likelihood of improvement in my symptoms?

- Will I need physiotherapy after surgery?
- What happens if I decide not to have surgery?
- Do I need a second opinion?
- An informed patient is better prepared to make confident healthcare decisions.
- Need Expert Advice?
- Many spine conditions can be managed successfully without surgery. At Bombay Spine Clinic™, we believe that surgery should only be recommended when it offers a clear benefit.
- Our comprehensive non-surgical treatment options include:
 - Evidence-based medications
 - Personalised physiotherapy and rehabilitation
 - Lifestyle and ergonomic advice
 - Selective Nerve Root Blocks (SNRB)
 - Facet Joint Injections
 - Epidural and Caudal Epidural Injections
 - Radiofrequency Ablation (RFA)
 - Bone health assessment and osteoporosis management
- If surgery is eventually required, we will explain all available options and help you make an informed decision based on your individual condition.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 11. Children & Elderly Patients
 - Can children develop scoliosis?
 - Yes.
 - Scoliosis is a condition in which the spine develops an abnormal sideways curvature. It can occur during childhood or adolescence, particularly during periods of rapid growth.
 - In many cases, the exact cause is unknown (called Idiopathic Scoliosis), although some children may develop scoliosis due to congenital abnormalities, neuromuscular conditions or other medical disorders.
 - Parents may notice:

- Uneven shoulders
- One shoulder blade appearing more prominent
- Uneven waistline
- One hip appearing higher
- Leaning to one side
- Many children with mild scoliosis have no pain.
- Early diagnosis is important because treatment is often more effective while the child is still growing. Depending on the severity of the curve, treatment may involve observation, bracing or surgery.
- How is scoliosis treated?

Treatment depends on:

- The child's age
- Degree of spinal curvature
- Remaining growth potential

Symptoms

- Risk of progression
- Common treatment options include:
 - Observation
 - Small curves may only require regular follow-up examinations and X-rays.
 - Bracing
 - Children who are still growing and have moderate curves may benefit from a spinal brace to reduce the risk of further progression.
 - Physiotherapy
 - Specific exercises may improve posture, muscle strength and flexibility but usually do not permanently correct the spinal curve.
 - Surgery
 - Surgery is recommended only for selected patients with severe or progressive scoliosis that is likely to continue worsening or interfere with normal function.
 - Your spine surgeon will recommend the most appropriate treatment based on your child's individual condition.

What is kyphosis?

- Kyphosis refers to an excessive forward curvature of the upper spine, causing the back to appear rounded or hunched.
- Mild kyphosis is common and often causes no problems.
- More significant kyphosis may occur due to:
 - Poor posture
 - Scheuermann's disease

- Osteoporosis
- Spinal fractures
- Congenital spinal abnormalities
- Spinal infections such as TB Spine

Symptoms may include:

- Rounded back
- Back pain
- Fatigue
- Difficulty standing upright
- In severe cases, breathing difficulty

Treatment depends on the cause and severity and may include exercises, physiotherapy, bracing or surgery.

- Can elderly patients safely undergo spine surgery?
- Yes. Age alone is not a reason to avoid spine surgery.
- Many elderly patients undergo successful spine surgery and experience significant improvement in pain, walking ability and quality of life.
- Before recommending surgery, your surgeon carefully evaluates:
 - General health
 - Heart and lung function
 - Diabetes and other medical conditions
 - Bone quality
 - Nutritional status
 - Functional independence
- If necessary, physicians, cardiologists and anaesthetists are involved to optimise your medical condition before surgery.
- Modern minimally invasive techniques, improved anaesthesia and enhanced recovery protocols have made spine surgery safer for appropriately selected elderly patients.
- The decision is based on overall fitness rather than age alone.
- Can osteoporosis increase surgical risks?
- Yes.
 - Osteoporosis weakens the bones and may influence the planning and outcome of spine surgery.
- Poor bone quality can increase the risk of:
 - Implant loosening
 - Screw pull-out
 - Delayed bone healing
 - Adjacent vertebral fractures

- Reduced fusion rates
- Fortunately, many of these risks can be reduced by:
- Early diagnosis with a DEXA Scan
- Optimising calcium and Vitamin D levels
- Treating osteoporosis with appropriate medications
- Careful surgical planning
- Using specialised fixation techniques when required
- Assessing bone health before surgery is an important part of providing safe and effective treatment.

What is a compression fracture?

- A compression fracture occurs when one of the bones of the spine (vertebra) collapses or becomes compressed.
- The most common cause is osteoporosis, although compression fractures may also occur due to:
- Falls
- Road traffic accidents
- Spinal tumours
- Spinal infections
- Common symptoms include:
- Sudden onset back pain
- Pain after a minor fall
- Loss of height
- Stooped posture
- Difficulty standing or walking

Diagnosis is usually made using X-rays, MRI or CT scans.

Treatment depends on the cause and severity and may include medications, bracing, osteoporosis treatment, physiotherapy or minimally invasive procedures such as vertebroplasty or kyphoplasty.

- When is vertebroplasty recommended?
- Vertebroplasty is a minimally invasive procedure that may be recommended for carefully selected patients with painful vertebral compression fractures.
- It is most commonly considered when:
- Pain remains severe despite appropriate medications and rest.
- The fracture is caused by osteoporosis.
- Imaging confirms that the fracture is recent and responsible for the symptoms.
- Persistent pain significantly limits walking and daily activities.

- During the procedure, specialised bone cement is injected into the fractured vertebra under X-ray guidance to stabilise the bone.
- Not every compression fracture requires vertebroplasty. Many fractures heal successfully with conservative treatment, and the decision is made after careful clinical evaluation and imaging.
- Need Expert Advice?
- Whether your child has scoliosis, you are concerned about a rounded back, or you or a family member has osteoporosis or a spinal compression fracture, early evaluation can make a significant difference.
- At Bombay Spine Clinic™, we provide comprehensive care for both children and elderly patients with spinal disorders. Our services include:
 - Scoliosis screening and treatment
 - Kyphosis evaluation
 - Bone health assessment
 - Osteoporosis management
 - Compression fracture treatment
 - Vertebroplasty and Kyphoplasty
 - Minimally invasive spine surgery
 - Complex spinal deformity correction
 - Rehabilitation and long-term follow-up
- Every treatment plan is personalised to the patient's age, overall health, functional needs and long-term goals.
- Dr. Siddharth Katkade Consultant Spine Surgeon Bombay Spine Clinic™
- 12. Consultation & Second Opinion
- Should I seek a second opinion before surgery?
- Yes. Seeking a second opinion before spine surgery is often a wise decision.
- A second opinion can help you:
 - Confirm the diagnosis
 - Better understand your MRI findings
 - Explore non-surgical treatment options
 - Learn about different surgical techniques, if surgery is required
 - Understand the expected benefits and potential risks
 - Make a confident and informed treatment decision
- Many patients feel more reassured after discussing their condition with a spine specialist. A second opinion does not mean you distrust your current doctor—it is simply an important part of making an informed healthcare decision.
- At Bombay Spine Clinic™, we welcome patients seeking a second opinion and are committed to providing honest, evidence-based advice.
- What should I bring to my consultation?
- To make your consultation as useful as possible, please bring all relevant medical records.
- These may include:
 - MRI images (CD, films or digital copies)

- MRI report
- X-rays
- CT scan (if available)
- Previous medical records
- Blood test reports (if relevant)
- Previous surgery records
- List of current medications
- Any previous physiotherapy or injection records
- It is also helpful to write down:
 - When your symptoms started
 - What makes the pain better or worse
 - Previous treatments you have tried
 - Questions you would like to ask
- Having complete information allows your spine specialist to make a more accurate diagnosis and recommend the most appropriate treatment.
- Can I upload my MRI online?
- Yes.
- If you are unable to visit the clinic immediately or would like a second opinion, you can securely upload your MRI and other medical records for review.
- You may upload:
 - MRI images
 - MRI report
 - X-rays
 - CT scans
 - Blood reports (if relevant)
 - Previous surgery records
- After reviewing your reports, we can help you understand:
 - Your diagnosis
 - Whether your MRI findings match your symptoms
 - Whether surgery is likely to be necessary
 - Non-surgical treatment options
 - The next steps in your treatment plan
- Please note that an online MRI review provides guidance but does not replace a detailed physical examination. In some cases, an in-person consultation may still be recommended.
- Can I consult if I live outside Mumbai?
- Absolutely.
- We regularly consult patients from across Maharashtra, other parts of India and overseas.
- If you live outside Mumbai, you may:

- Schedule an online consultation
- Upload your MRI and reports for review
- Seek a second opinion before travelling
- Discuss treatment options
- Plan surgery, if required
- If an in-person examination is necessary, our team will help you schedule your visit efficiently and assist with planning your appointments.
- Many patients travel specifically for specialised spine care, and we strive to make the process as convenient as possible.
- Do I need surgery immediately?
- Not necessarily.
- Most spine conditions can be managed successfully without surgery.
- Surgery is generally recommended only when:
- Conservative treatment has not provided adequate relief.

Symptoms significantly affect your daily life.

- Progressive weakness develops.
- There is spinal cord compression (myelopathy).
- There is loss of bladder or bowel control (a medical emergency).
- There is significant spinal instability or certain fractures.
- In many cases, taking time to understand your diagnosis and discuss treatment options is appropriate.
- If surgery is recommended urgently, your surgeon will explain the reasons clearly and discuss the potential risks of delaying treatment.
- How do I choose the right spine surgeon?
- Choosing the right spine surgeon is an important decision.
- Consider the following factors:
- Specialist training in spine surgery
- Experience in treating your specific spinal condition
- Ability to offer both non-surgical and surgical treatment options
- Experience with modern techniques such as minimally invasive and endoscopic spine surgery
- Clear communication and willingness to answer your questions
- Honest advice about whether surgery is truly necessary
- Good patient reviews and reputation
- Availability of comprehensive post-operative rehabilitation and follow-up care
- Remember, the best spine surgeon is not necessarily the one who performs the most surgery—but the one who recommends surgery only when it is genuinely in your best interest.
- Need Expert Advice?

- If you have been advised spine surgery, have persistent back or neck pain, or would simply like to better understand your MRI, we are here to help.
- At Bombay Spine Clinic™, we believe that every patient deserves:
- A thorough clinical evaluation
- A clear explanation of their diagnosis
- Honest, evidence-based recommendations
- Personalised treatment planning
- Access to both non-surgical and surgical options
- Whether you are seeking a second opinion, need help understanding your MRI or are considering surgery, our goal is to provide the information and guidance you need to make a confident decision.
- We can help you with:
- ✓ Second Opinion Consultation
- ✓ MRI & CT Scan Review
- ✓ Non-Surgical Treatment Planning
- ✓ Spine Pain Management
- ✓ Minimally Invasive & Endoscopic Spine Surgery
- ✓ Complex Spine Surgery
- ✓ Osteoporosis & Bone Health Assessment
- ✓ Post-Operative Rehabilitation Guidance
- Book Your Consultation
- Whether you visit us in person or online, we are committed to providing compassionate, patient-centred spine care.
- You can:
- 📅 Book an Appointment
- 🧠 Upload Your MRI for Review
- 💻 Schedule an Online Consultation
- 📍 Find Your Nearest Clinic
- 💬 Join Our WhatsApp Community for Spine Health Tips
- We look forward to helping you understand your condition and choose the treatment that is right for you.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™
- 13. Frequently Asked
- Does Every Slip Disc Need Surgery?
- No. Most patients with a slipped disc do not require surgery.
- Approximately 80–90% of patients improve with conservative treatment, which may include:
- Medications
- Physiotherapy
- Activity modification
- Exercise programme

- Image-guided spinal injections (in selected cases)
- Surgery is usually considered only when:
 - Severe leg pain persists despite adequate treatment.
 - Progressive weakness develops.
 - Walking becomes difficult.
 - There is significant nerve compression on MRI that matches your symptoms.
 - There is loss of bladder or bowel control (a medical emergency).
- The decision for surgery is based on your symptoms, clinical examination and MRI findings together, not on the MRI report alone.
- Is Spine Surgery Safe?
 - Modern spine surgery is generally very safe when performed for the right patient, at the right time and for the right indication.
 - Advances in technology have significantly improved the safety of spine surgery, including:
 - High-definition operating microscopes
 - Endoscopic spine surgery
 - Minimally invasive surgical techniques
 - Intraoperative imaging
 - Advanced spinal implants
 - Improved anaesthesia and pain management
 - At Bombay Spine Clinic™, every patient undergoes a comprehensive pre-operative assessment. Our multidisciplinary team—including physicians, anaesthetists, cardiologists and other specialists when required—helps optimise your health before surgery and reduce the risk of complications.
 - No surgical procedure is completely risk-free, but careful planning, meticulous surgical technique and modern technology have made spine surgery safer and more effective than ever before.
- When Can I Drive After Spine Surgery?
 - The timing depends on the type of surgery and your recovery.
 - As a general guide:
 - Minimally invasive or endoscopic procedures: approximately 2–4 weeks
 - Fusion surgeries: approximately 4–6 weeks
 - You should only drive when:
 - Pain is well controlled.
 - You are no longer taking strong pain medications.
 - You can comfortably turn your neck (after cervical surgery) or move your back without significant pain.
 - You are able to perform an emergency stop safely.
 - Your surgeon has confirmed that it is safe to drive.
 - Always discuss driving with your surgeon during your follow-up visit.
- When Can I Travel?
 - Travel is usually possible after spine surgery, but it should be resumed gradually.
 - General guidelines include:

- Short Local Travel
- Usually after 2 weeks, provided you are comfortable and can safely get in and out of the vehicle.
- Long-Distance Road Travel
- Usually after 6–8 weeks.
- Take frequent breaks every 45–60 minutes to stand, stretch and walk.
- Air Travel
- Short flights may be possible after 4–6 weeks, depending on the type of surgery and your recovery.
- Long international flights may require additional time and should be discussed with your surgeon.
- When Can I Resume Work?
- Returning to work depends on:
 - The type of spine surgery
 - Your recovery
 - The nature of your job
- Typical recovery timelines are:
 - Type of Work
 - Approximate Timeline
 - Work from Home
 - About 2 weeks
 - Desk / Office Job
 - 3–4 weeks (after most minimally invasive procedures)
 - Light Physical Work
 - 4–8 weeks
 - Heavy Manual Labour
 - 3–6 months
- Every patient's recovery is different. Your surgeon will guide you based on your progress and the demands of your occupation.
- Can I Climb Stairs After Surgery?
- Yes.
 - Most patients are able to climb stairs safely with support before leaving the hospital.
- Initially:
 - Hold the handrail.
 - Take one step at a time.
 - Avoid carrying heavy objects while climbing stairs.
 - As your strength and confidence improve, you can gradually return to normal stair climbing.
- Will I Be Able To Walk After Surgery?
- In fact, walking is encouraged soon after most spine surgeries.
 - Many patients begin walking:
 - Within a few hours after surgery, or

- The following day, depending on the type of procedure and overall health.
- Walking helps:
 - Improve circulation
 - Reduce stiffness
 - Prevent blood clots
 - Strengthen muscles
 - Promote faster recovery
- Your physiotherapist will guide you regarding the appropriate walking programme.
- Will I Need Physiotherapy?
 - Not every patient requires formal physiotherapy immediately after surgery.
 - However, many patients benefit from a structured rehabilitation programme that may include:
 - Walking exercises
 - Stretching
 - Core strengthening
 - Posture correction
 - Balance training
 - Functional rehabilitation
- Your rehabilitation plan will be individualised according to your surgery and recovery.
- How Long Does It Take To Recover Completely?

Recovery occurs in stages.

- Although pain often improves within the first few weeks, complete healing of muscles, nerves and bone (particularly after fusion surgery) continues over several months.
- Most patients return to routine daily activities within 6–12 weeks, while full recovery following complex procedures may take 6–12 months.

What Is The Success Rate Of Spine Surgery?

- The success of spine surgery depends on:
 - The correct diagnosis
 - Appropriate patient selection
 - Surgical expertise
 - Patient participation in rehabilitation
- When surgery is performed for the correct indication, most patients experience significant improvement in pain, function and quality of life.
- It is important to understand that surgery aims to relieve nerve compression, improve function and prevent further neurological deterioration. The degree of recovery may vary depending on the severity and duration of the underlying condition.
- Can Spine Problems Recur After Surgery?

- Most patients enjoy long-lasting relief after surgery.
- However, like any part of the body, the spine continues to age over time.
- Maintaining a healthy lifestyle can help reduce the risk of future spinal problems.
- Important preventive measures include:
 - Maintaining a healthy body weight
 - Regular exercise
 - Core strengthening
 - Good posture
 - Avoiding smoking
 - Following your rehabilitation programme
- How Can I Reduce My Chances of Needing Spine Surgery?
 - Many spine problems can be prevented or managed effectively through healthy lifestyle habits.
 - Helpful measures include:
 - Regular exercise
 - Maintaining a healthy weight
 - Good posture
 - Safe lifting techniques
 - Strong core muscles
 - Avoiding prolonged sitting
 - Early medical evaluation for persistent symptoms
 - Treating osteoporosis and Vitamin D deficiency when present
 - Early diagnosis often allows many spine conditions to be managed successfully without surgery.
- Still Have Questions?
 - Every patient's condition is unique.
 - If you have persistent neck pain, back pain, sciatica, numbness, weakness or have been advised spine surgery, we encourage you to seek an expert opinion.
 - Our team will carefully evaluate your symptoms, examine you, review your MRI and discuss all available treatment options before recommending surgery.
- Need Expert Advice?
 - If you would like a second opinion, wish to understand your MRI report or have questions about whether surgery is necessary, you may:
 - Book a consultation
 - Upload your MRI or spine imaging for review
 - Discuss both surgical and non-surgical treatment options
 - Our goal is to help you make an informed decision with confidence.
- Dr. Siddharth KatkadeConsultant Spine SurgeonBombay Spine Clinic™

Need Clinical Evaluation or Second Opinion?

This educational document was prepared by **Dr. Siddharth Katkade**. For appointments or to share MRI scan reports for clinical review, call **+91 88507 73095** or consult at Byculla (E) / Khar (W) clinics.