

Charlene Hankal

A SPINE, AND A LIFE RECONSTRUCTED

By: Deborah Liv Johnson



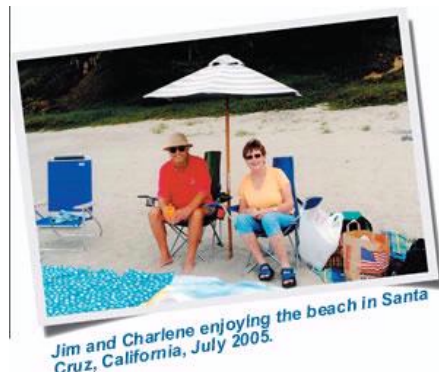
CLOCKWISE FROM UPPER LEFT:
The Hankal's grandchildren celebrating Charlene's homecoming from her follow-up neck surgery, (from left) Jacob, Spencer, Courtney, Logan, Charlene, Elizabeth, Allison and Jim. Jim and Charlene with son-in-law Mark Malmberg and grand-daughter Allison at Leland Meadows Snow Park, Sierra Nevada Mountains, California, April 2005.
Charlene in her home pool, August 2005.

Their house in Modesto, California, sits at the end of a long, paved road, surrounded by acres and acres of almond trees. Cold, foggy winters and hot summers provide the setting for one of the best almond-growing regions in the world. Squawking crows, black birds and magpies usher in each day, and if you look across the road, there are grapevines twisting in the morning sun.

Charlene Hankal grew up on the ranch where she and her husband Jim have lived for over 30 years. Raising three children, they settled into a life of farming, almonds and dairy, 4-H and scouting. Life clicked along in spite of Charlene's diagnosis of rheumatoid arthritis. Various medications and therapies managed the arthritis well enough for Charlene to stay active and participate fully in her family life.

However, in 2002, a new kind of pain flared up. Feeling like something was "out of place" in her back, Charlene sought the help of a chiropractor. A full set of X-rays revealed something more than the chiropractor could handle — severe scoliosis, which had never been detected.

The pain worsened. "It felt like there was a tourniquet on my right leg — it felt tight and there was pain shooting down my leg," explained Charlene. "I tried physical therapy...and even had a laminectomy [surgical removal of part of a vertebra]. Nothing helped."



Jim and Charlene enjoying the beach in Santa Cruz, California, July 2005.

In 2004, a round of golf became the catalyst for a new chapter in Charlene's life. Talking with Charlene's husband Jim, one of the players mentioned a doctor who had helped his wife. Without hesitation, the Hankals called and arranged to meet Shahin Etebar, MD, Board Certified Chief of Neurosurgery at Eisenhower Medical Center.

"We showed my X-rays to Dr. Etebar, and he talked about the degeneration of my spine and the scoliosis," recalls Charlene. "His manner was wonderful, and he really took his time with us. He said he thought he could relieve 80 percent of my pain. But he also said that in order to do the surgery, we had to agree to a package deal. That meant surgery, a week at a rehabilitation facility and three more weeks of pool therapy at the hospital."

Dr. Etebar describes Charlene's predicament as severe, someone with a tremendous amount of pain. "Mr. Hankal told me they were actually thinking about getting a wheelchair. Charlene wasn't seeking an operation. She just wanted to know if there was any chance of anything that could be done."

Charlene Hankal's problems were profound. As a result of her scoliosis, she had impingement of the nerve roots in her lower back that resulted in pain in her legs. She also had pain in her lower back because her upper torso had literally shifted to the side and wasn't centered over her pelvis, as well as some instability in her cervical spine that had not previously been diagnosed, which was a result of her rheumatoid arthritis.

"Dr. Etebar was the first doctor ever to tell me that the rheumatoid arthritis had caused instability in my neck," explained Charlene. "He wanted me to wear a brace during surgery and told me I'd have to have my neck fused at a later date."

For Dr. Etebar, checking Charlene's neck was a routine matter. "When I see a patient who has rheumatoid arthritis and I'm contemplating surgery anywhere in their body, I get X-rays of the neck in three positions — straight up, bending forwards and backwards, because instability between the first and second vertebrae is very common in patients with rheumatoid arthritis. It's important to know what the situation is before you put somebody under general anesthesia."

Charlene Hankal's surgery was set for July 2004. She and Jim rented a condo close to Eisenhower Medical Center at the suggestion of Dr. Etebar and assistance of the staff at Eisenhower who helped the Hankals find a realtor who could locate a rental near the hospital.

The surgery, reconstructive spine surgery and correction of scoliosis, lasted a grueling fifteen and one-half hours. Walking to the waiting room following the surgery, Dr. Etebar found Charlene's husband waiting. The first thing he said was, "Your wife's back is straight now."

In spite of the long recovery and rehabilitation, Charlene couldn't have been more pleased with the process. "I felt secure because if we had any questions, we were close to the hospital. It was a very good experience."

Dr. Etebar is adamant about each step of that process. "It's a vested interest. You start by making a diagnosis, come up with a treatment plan, go through the treatment plan

or surgery, and then you have to get the patient all the way through rehab and the long-term follow-up. It's like a marriage commitment, a long-term relationship. That's why it's really important for the patient and physician to be comfortable with each other. They have to have the same goals, the same vision."

Following surgery, rehab and two months in the desert, Charlene and Jim returned to Modesto where she continued her therapy. In August, they returned once again to Eisenhower to check the progress of Charlene's reconstructed spine. X-rays showed that everything was going well, and in February 2005, Charlene had her neck fused.

The results of Dr. Etebar's surgeries have been dramatic. "My family and friends told me that prior to my surgery, I always had a very pained look on my face. They said they don't see that look of pain anymore," said Charlene.

As one who is concerned about every aspect of a patient's care and treatment, Dr. Etebar applauds the work of those around him. "One thing about Eisenhower is that the operating room staff are absolutely, by far, some of the best people I've ever worked with. The administration is very supportive. We have all the equipment we need and highly trained, skilled staff. We also have an excellent post-operative team, from the ICU [Intensive Care Unit] to the physical therapists and the floor nurses. Unless you have the right team, you can't do this sort of operation. Eisenhower is one of the best places I've ever worked."

Back home again with Jim, Charlene is grateful for many things. Her rehabilitation continues, but she can walk on her own without pain. She can hold her six grandchildren, watch them grow and be a part of their activities. She can also continue to enjoy her life among the almond trees and an occasional hawk circling for prey in the blue skies of Modesto. It's a life Charlene wouldn't want to miss.

A Less Common Approach

The surgery Charlene Hankal had is typically done in two stages. In the first stage, surgeons go through the anterior abdomen and chest wall, and in the second stage, perhaps one week later, in another surgery, the surgeons go through the back. However, this surgical approach puts the patient at greater risk of injuries to the vital organs, involves a second operation, a second incision and a great deal of pain.

Shahin Etebar, MD, accomplished the same goal in a single posterior (via the back) approach, a technique called "asymmetrical posterior inter-body fusion." The operation takes longer, but if the patient is healthy and can safely undergo a long operation, it's the best option. "We go through the back, through the disc space in the areas that have collapsed asymmetrically. We 'release' that area," explains Etebar, "and put in inter-body biomechanical devices, such as cages or structural bone grafts, to reconstruct the collapsed disc spaces. This process is done at multiple levels along the spine. It's technically much more demanding, but the results have been excellent."