

S2E9 Extra – Lara Pingue

My name is Lara Pingue. I'm 45 years old. I injured my back and that set off a multi-year campaign of dealing with chronic back pain. I was 41 at the time and it's unusual for anybody to reach the age of 41 without some sort of creak in their back or little aches here and there. My career involves sitting for hours and hours at a time, like many people. And I remember one time standing up in the newsroom and feeling like, oh, something just went kind of wrong. And I remember this is back before I shopped online, walking, or limping around downtown looking for a back massager, I thought that would really solve it.

These things happen from time to time. I would pick up my child and feel a little eat a tweak. I kind of assumed what I always assumed, which is I was ignoring my core muscles. I was sitting too much. I was crossing my legs. I wasn't exercising enough. And all those things were true. But in August 2018, I went down to my kitchen, and I was just making breakfast and I sneezed, and I felt something really electrifyingly painful in my lower back. And I remember thinking, this is not what I've ever felt before. I know we were travelling that weekend to visit my mother 4 hours away, and I sat very uncomfortably in a car for 4 hours, and when I got to my mom's house, I walked to Shoppers Drug Mart and got some Robaxacet, which I've since learned is like taking Tic Tacs if you have my kind of back pain. So that weekend, I remember the pain didn't go away, in fact, it got worse. And I remember thinking, why is it travelling? I started feeling it kind of in my up in my hip joint in my leg. And then it became electrifying. I would describe the pain as an electric zing going up and down to my toes and my left leg. I've since learned that that's sciatica, that's a nerve that's being hit.

I went to my doctor and, you know, I remember the look on my doctor's face being very much: I've seen this before. This is not surprising. And in fact, I think there's this statistic out there, saying the number one thing that brings patients to their general practitioner is back pain. So this is certainly not uncharted territory. She gave me a prescription for anti-inflammatories and said, come back in 12 weeks if it doesn't go away. These things tend to resolve themselves in 12 weeks. And 12 weeks, when you're in this kind of pain, is an eternity. But I thought that it would resolve. And so, I took the prescription. I felt it, and it didn't help.

I had a very active lifestyle before, I was a runner, I've been doing yoga off and on for 20 years, I walk to work to the GO train to get to work. So, movement was always a part of my life and now it was gone because everything hurt. So, I went back 12 weeks later, and I said, It's worse. Like, I can't bend, I can't tie my shoe, I can't sleep. This electric zinging in my leg is really impacting my entire life. And she said, okay, we'll do an MRI. And we did. And she said, I got to warn you, though, sometimes the results of an MRI doesn't match with what you're feeling. So, you could have several herniated discs that are very slight and have no symptoms or you could have overwhelming symptoms and no physical reason showing up on the image. And in my case, it showed exactly what I was feeling. It showed a herniated disc in the L4 L5 disc region that was impeding my nerve or touching my nerve on the left side. And that explained perfectly what I was feeling in my left leg.

And I said, Well, so now what? And she said, Well, here's a prescription for Pregabalin. It's prescribed for people with mood disorders like anxiety and it also is known to help nerve pain, and that's what I had. And so, I started taking that, and that was not without its side effects. So, I described it like I felt a little bit drunk, but without any of the benefits, the happiness, the ease that comes with being drunk. I just felt a little bit out of it all the time.

Tired, unfocused. And it did help with the pain to some degree, but it wasn't enough really, to make me think, okay, I've solved it, this is what I'm going to do.

I was very eager to treat this aggressively. I wanted to start running again, I wanted to get my life back, I wanted to sleep through the night again and I was willing to do whatever that took. So, of course, was doing physiotherapy, I was seeing a chiropractor through my office. I was on this drug, and I said to my doctor, I want to see a surgeon too. And I had a few acquaintances who had had a herniated disc and had success with surgery. So, it's a discectomy, that's the procedure where they take the disc that's been ruptured or the disc that is squeezing and hitting your nerve and they remove it. And so that nerve is no longer touching your disc, or your disc is no longer hitting your nerve. I was very happy to pursue surgery. I wasn't scared about it, I just wanted to get it done. And I remember I was at Union Station after work, and I got a phone call from a surgeon's office, and it was the secretary. And she said, "Lara, we got your referral through your doctor, we have your MRI. If this doctor can help you, would you consider surgery?" And I said, "Absolutely." And she said, "Okay, you have an appointment," and I it felt like winning a lottery, which is kind of an indicator of how desperate I was that I was going to see a surgeon about this back pain. So, we booked a surgery date, and this is January 2019 that I booked it.

In the meantime, I'm still progressively pursuing other options, so I'm seeing a physiotherapist. I am, you know, doing whatever I can, you know, the dead bug. I'm working on my abs, I am trying to walk, but not walk too much, I'm trying to sit, but not sit too much, I'm trying to do everything. Through my physiotherapist, I was directed to a pain specialist, and I remember waiting in that waiting room to see him and I felt like I was among the people that I really understood and who could understand me. And there was a lot of people pacing. When you're in pain, you can't sit still. There are people pacing, just the look on their face, I really recognized that look of like desperation, a little bit of a relief to finally be here, worry, skepticism, all those emotions mingling because you want this doctor to have some answers. And yet history has shown there are very few answers out there.

So, I saw this doctor and I knew that he was well regarded, but he sat down and he just listened and I just regurgitated this litany of grievances and the fact that he just kind of listened and took the time was such a healing experience for me. And I can't really describe why or really explain why, except I understand now that I think that he legitimized, he believed me, he knew what I was going through. And he said that we can give you a steroidal epidural. So that is to put a steroid with a big, huge needle right into your spine. And the idea is it would take away some of the pain and potentially just let me heal and feel back to normal. I said, sure, sign me up. And so within weeks I had that and I felt better. I felt, again, not like my old self. I wasn't running. It's still hurt to sit for long periods of time, but I stopped taking the prescription medication and I called my surgeon and I said, I want to cancel. The doctor picked up. He said, I got your news. I want you to know that I'm glad you're feeling better. But sometimes this pain returns, especially when the epidural wears off. And I said, well, at this moment, I can't in good conscience say I want to get surgery. If this is working, then why would I keep this appointment? He said, okay, and good luck.

And about four months later I called him, and I said, I need the surgery. So, the epidural did work for some time, and if other people ask me if they would recommend it, I would because the pain is so individual. I never know. I can only tell them my experience. I can't tell them that it will absolutely work for you or absolutely not work.

In June 2019, I had to discectomy and the recovery was not great. I was out of work for seven weeks with the swelling on my back, looked like I had a baseball growing out of my lower back. That was the degree of the swelling. And I remember thinking, well, this isn't good. I expected to have kind of a hallelujah moment in the recovery room, and that just wasn't the case. I was in a lot of pain. And I'm aware of the success rates and the failure rates and that some people do have success with discectomies, and I just wasn't one of them. And I think that even technically speaking, my case would be considered a success because, you know, nothing went wrong in the surgery. He actually did remove the disc that was touching with this nerve. But sometimes you run the risk of scar tissue growing back and that causing just as much pain. And so, I was kind of in this cycle where that didn't work, and it felt kind of like I was starting over again, because not only was I recovering from a surgery, but it felt like to me the original source of the pain was still there.

In 2020 when everybody kind of went home during the pandemic. That's when you started hearing. I started hearing about back pain a lot because people were hunched over their laptops. People were working at ergonomically disastrous work from home office set ups. But for me, the effect was a bit of the opposite because I could roam around my house, I could do squats during Zoom calls with the camera off. I could go for walks during the day. I could sit and stand at stand desk at home. I started incorporating movement more aggressively into my routine, I started lifting weights, and I found that helpful. It was it was low impact. I didn't ride the bike, didn't want to have anything to do with the bike, but I started lifting weights and I found that that was helping. And I think it was because I was targeting my core muscles. And slowly but surely things kind of got back to normal or as normal as they were ever going to be.

The way I'm managing my pain now is a combination of constant movement preservation. So that means not sitting much, taking care of what I have. And that is to say, if I don't have pain, don't push it. And that's not running, not walking, walking, but not walking too much running sometimes, but not too much, everything in moderation. And I rely on when I have a flare ups, I will rely on just over-the-counter ibuprofen to get me through kind of the rough spots, but no prescription medication anymore. It is like a journey, right? Every day is different. When I'm not working, it's probably the best because it doesn't require me to sit down. I can bend and move and walk and not be hunched over at a screen. The only thing I'm good at is being in front of a computer and so that's baked into my life now, and I have to work around it.

Maybe chronic pain isn't what you think it is. It's not visible. Believe people when they tell you they don't feel well. I remember very distinctly dealing with or being friends with a woman in university who had chronic pain. It was her wrists that she had carpal tunnel and it was constantly bothering her. She had fibromyalgia. And I think my message to other people is believe other people when they tell you that they're in pain. This is not something people have any reason to make up. There is a stigma still about chronic pain, you know. How bad could it be? Oh, well, I hurt my back once too, and I get that a lot, too. I remember and I had a ski accident and I hurt my back and I said, well, you know, everybody thinks they've experienced this. Very few people have to the same degree experiences, although one in five Canadians deal with chronic pain. It's out there in such a huge volume, right? There are so many Canadians who deal with this in some way, shape or form. And I think it's in our best interest to pay attention and make treatment available and destigmatize that treatment and the way we address people with chronic pain.