Patient’s determination spurs recovery from a serious spine infection and surgery

Paul Hutton’s recovery from a serious spine infection shows that patients are a vital part of medical care.

By: Tyler Smith

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The spinal column is a series of 33 connected bones, or vertebrae, that work in unison to support the body and allow it to move freely. Each bone is a distinct entity with a larger responsibility for the success of the whole.

That’s an anatomical fundamental for Dr. CJ Kleck, chief of Spine for the Department of Orthopedic Surgery at the University of Colorado School of Medicine, who practices at UCHealth University of Colorado Hospital on the Anschutz Medical Campus, sees patients day in and day out whose vertebrae no longer function as a team because of injury, deformity or misalignment.

As a surgeon, Kleck corrects those problems with the help of rods, screws, plates, cages, bone grafts and other tools of his trade. His patients can’t recover their health without his skills. But Kleck emphasizes that he is but one part of a multidisciplinary care team whose individual skills unite to meet the goal of improving patients’ lives. Kleck’s colleagues include nurses, physical and occupational therapists, pharmacists, infectious disease specialists, and many others.

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Paul Hutton hikes in Arches National Park in Utah in 2016, shortly before a spine infection made him seriously ill. Photo courtesy of Paul Hutton.

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Education/Fact-Sheets/Peripheral-Neuropathy-Fact-Sheet#3208_3). She referred Hutton to Kleck, recognizing that “he was very much a surgical case and that he couldn’t be treated with antibiotics alone.”

Spinal solution

Kleck found that the infection had eroded the two thoracic vertebrae to the point that they had collapsed and compressed the spinal cord. With that news, Hutton agreed to surgery he knew would be life-changing. But the infection had made his situation untenable. “There was no real decision to make other than the one that we did,” he said.

The surgical strategy, which Kleck and his team carefully explained to Hutton, included Dr. Michael Weyant (https://www.uchealth.org/provider/michael-weyant--md-thoracic-and-cardiac-surgery/), an associate professor of Surgery with the CU School of Medicine’s Division of Cardiothoracic Surgery (https://medschool.cuanschutz.edu/surgery/faculty-and-staff/faculty-directories/faculty-directory). Weyant opened Hutton’s chest cavity, collapsed his left lung and removed a rib. That gave Kleck a route to the two infected thoracic vertebrae.

Kleck removed the diseased bone, inserted a device called a cage, which widened the space between the two vertebrae, and secured the cage with titanium screws and rods. Bone from Hutton’s rib cage supplied grafts designed to grow and eventually fuse the two vertebrae and stabilize the spine. As a guard against infection, Kleck also implanted antibiotic beads, which slowly release medication in a specific area.

Hutton spent a week at UCHealth University of Colorado Hospital, divided between the Surgical Trauma Intensive Care Unit and the Orthopedics Unit (https://www.uchealth.org/services/orthopedics/), with a team of providers carefully monitoring him. There was short-term pain, Hutton said, not as much in the back as on the left side, where he had to adjust to the missing rib and lingering effects of the collapsed lung.

He took three months off from work, covered by short-term disability, but was hardly idle. In fact, Hutton’s participation in his own care had begun before the surgery. He dedicated himself to hitting at least 10,000 steps per day and to build good muscle tone so as to have a head start on recovery.

“For me, my big thing was movement,” he said. “One of the keys was to go into surgery as strong and as fit as I could.”

Back on track

After Kleck’s surgical repairs, Hutton firmly committed to his prescribed thrice-weekly physical therapy regimen with providers in Centennial. He methodically improved his range of motion, flexibility and posture and paid close attention to the position of his spine as he walked, moved, sat and reclined.

Kleck said he sees plenty of patients committed to getting back to physical activity following surgery, but Hutton showed his determination in a new way. He used his Fitbit to record his weekly step totals and sent the results regularly to Kleck. The count steadily climbed, and one year post-surgery, Hutton had walked 4 million steps. By the end of the second year, he’d increased the number to a pain-free 4.7 million – nearly 13,000 a day.

“He’s one of the first patients that has gotten that actively involved in his own care,” Kleck said. The steady progress reinforced a message that Kleck, PTs and others give spine surgery patients: recovery will be slow at first but will accelerate with steady effort and commitment.

“The Fitbit data went right along with what we tell patients and is confirmation of what they can do and where they can be,” Kleck said.
More than two years after the surgery, Hutton is healthy and pain-free, in large part because of his commitment to his own recovery. Photo courtesy of Paul Hutton.

**Maintaining vigilance**

Hutton continued his antibiotic treatment for many months following the surgery, and received approval to stop taking the antibiotics last summer. However, Hutton continues to get regular bloodwork to detect a recurrence as early as possible.

Two years after surgery, though, Hutton has no physical restrictions and his prognosis excellent. He’s back to biking and is even entertaining what he admits is a “pipe dream” of participating in the Senior Games in 2021 as a runner (he competed in track in school).

“I’m tempted to consider it and maybe give it a try,” he said. “We all have dreams.”


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