

HERNIATED DISC

Disc problems are quite common. The most well known condition is the herniated disc, often referred to as a 'slipped disc' even though the disc does not actually slip or slide. Discs are soft rubbery pads found attached to the vertebrae. Having discs between the vertebrae allows our back to flex. Discs also act as a shock absorber for the spine. Around its edge, a disc is made up of a ring of tissue similar to the rubber band called the annulus. The center is made of a gel-like substance, the nucleus pulposus.

WHAT HAPPENS

Disc usually herniate or rupture due to age, wear and tear, or sudden pressure, such as lifting, sneezing or trauma. A portion of the disc, often the nucleus bursts into or through the annulus. Body weight and muscle load then squeeze the softer material of the nucleus through the tear in the direction of the spinal canal. Sensitive nerve roots may be pressed, pinched or chemically irritated causing pain to shoot down the sciatic nerve in the leg. (However, disc injury and disc disease are not the only cause of sciatic pain). Sometimes, fragments of the disc enter the spinal canal. This can result in serious complications.

DIAGNOSING DISC PROBLEMS

Diagnosis starts with a medical history. Sometimes there is a history of back pain with gradually increasing leg pain. Often, a specific injury, perhaps job-related, has caused the disc to herniate.

Patients are asked, for example, exactly where the pain travels and whether there is numbness or tingling. A physical examination can usually determine which nerve roots are affected and how seriously. Simple x-rays for information about the spine are usually not able to confirm disc herniation, and specialized studies, such as a CT scan, myelogram or MRI, may be needed. Further tests, such as an electromyogram (EMG) may be necessary when more information about a disc problem is required.

INITIAL TREATMENT

Treatment for a patient with acute disc pain usually begins with a short period of bed rest to allow the inflammation of nerves to pass. Various medications can be helpful in controlling the pain and muscle spasm. Gentle heat or cold on the painful back muscles is usually soothing. For acute attacks with no weakness or incontinence, initial home remedies include one or two days of bed rest, ice to back 20 minutes, three times a day and over the counter medications such as; Advil/Nuprin or Tylenol. Then light physical activity begins. This is aimed at getting patients active without allowing symptoms to return. Short walks are recommended; sitting and driving are to be avoided. One should always seek medical evaluation if symptoms persist more than four weeks.

OTHER THERAPIES

Most patients find relief through the conservative treatment described above. However, this does not always work. In a limited number of these cases, we may recommend a series of injections or a Cortisone-line drug into the spine area. These may be administered alone or in a combination with a numbing medicine. Such injections are usually done on an outpatient basis and can be repeated up to three times. When injections bring relief of leg pain, a program of exercises especially in a pool often is a great help for a good recovery. (Returning to work, but avoiding heavy lifting is encouraged.)

SURGERY

Herniated discs are usually treated by non-operative techniques, but occasional cases do require surgery. I perform microdiscectomies and percutaneous 'spine scope' discectomies. My goal is full return to activity in three to four weeks, depending on the exact procedure. Many patients can be treated with minimally invasive percutaneous surgery. Because of the techniques and their success, many of my herniated disc surgeries are done on an outpatient or over night stay basis. The good news for surgery patients is that the state of the art techniques is effective for the majority of my patients.

Infrequently, a fusion of the disc area may be done if there are indications that spinal instability is likely to cause problems to reoccur.