PATIENT GUIDE TO HERNIATED DISC

DESCRIPTION

A herniated disc occurs when a portion of the vertebral disc ruptures. This ruptured portion may push on nerves in the cervical, thoracic or lumbar areas.

This pressure on the nerves can often lead to numbress and pain. Smaller herniations are sometimes called protrusions.

SYMPTOMS

<u>Cervical</u>

Discomfort in one or both arms.

Shooting pains in one or both arms.

Weakness or numbness in one or both arms.

Burning arm pain.

<u>Lumbar</u>

Discomfort in leg, ankle, or foot.

Shooting pain, weakness or numbness in leg.

Leg pain is usually worse when sitting.

CAUSES

<u>Cervical</u>

Degeneration due to normal aging process.

Trauma.

Episode of heavy lifting.

<u>Lumbar</u>

Degeneration due to normal aging process.

Trauma.

Episode of heavy lifting.

Sudden Twisting.

POSSIBLE TREATEMENT OPTIONS

<u>Non Operative Treatment</u>

Medications and non operative treatments (physical therapy) are sometimes needed. Occasionally epidural injections are indicated for pain relief. Surgery can be considered for those who do not improve.

Anterior Cervical Discectomy Fusion Instrumented

The ruptured disc is removed to free the nerve or spinal cord from pressure. It is then replaced by a bone graft. An anterior cervical plate is implanted for stability. Latest technology for anterior cervical discectomy is artificial disc replacement.

Posterior Cervical Laminotomy

The spinous process and lamina are removed to help decrease pressure on the spinal cord. Instrumentation and fusion may be used to help increase post-operative stability. However, this procedure is only suitable for a limited type of cervical disc prolapse.

Posterior Lumbar Discectomy

The commonest approach to the problem of lumbar disc herniation is via posteriorly. Removal of herniated portion of the disc helps to relieve the pressure on the painful nerve. The parent disc, though degenerated, is left intact in most cases.