

General Information

Lumbar Disk Herniation

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General Information

You have a problem that is causing compression of your spinal nerves or spinal cord. The most common form of this problem is a Herniated disk. Some people may have in addition to a disk herniation overgrowth of degenerative spurs of bone that may also cause nerve compression. This process is called lumbar spinal stenosis.

The natural history of a lumbar disk herniation is classic. Most patients have episodic low back pain of a progressive nature. Each of these episodes probably results in small micro tears or inflammation in the disk. In some patients this recurrent back symptoms will eventually lessen with physical therapy and NSAIDs. In some patients the back pain attacks will progress until on one of the attacks leg pain develops. It is at this time that a piece of the disk escapes the normal location and puts pressure on the nerve root. When this happens the patient develops severe leg pain and back spasms. When the inflammation lessens most people can recover without surgery with medicines and physical therapy.

The reasons for lumbar disk surgery are very clear. They are:

1. Progressive neurological deterioration. i.e. the leg becomes weaker
2. Loss of bowel or bladder control (Cauda Equina Syndrome)
3. Severe pain unresponsive to physical measures

TREATMENT

The treatment for a disk herniation has changed over the last several years. In the past it was common to put patients in the hospital and at bed rest. Recent studies have shown no benefit to this approach. The current thinking is to cut the inflammation with a strong antiinflammatory and begin rehabilitation as soon as possible. The vast majority of patients will have severe pain initially. Many say that it is far greater than what labor pain may have been for women. During this time we usually prescribe a medrol dose pack and pain medicines. The vast majority of patients will have a dramatic reduction in pain in two to three days after starting this medicine. We then use a physical therapy approach to begin motion and restoring activity. During the acute phase of a disk patients you will need some narcotics for a short period of time until the antiinflammatory medicines can begin working. During this time sleep and work may be difficult. For this reason we may also use muscle relaxants. During this time of acute inflammation sitting is the most difficult position.

Reclining in a lazy boy or resting with your knees bent are two positions that have been useful for most patients. If the pain and inflammation decrease we will begin an exercise program immediately.

Usually within 6 to 8 weeks following the onset of these symptoms most of the pain will have diminished. The unfortunate thing is that the pain may return in the future in a small number of patients. If the pain cycle is minimal, continue your exercises and anti-inflammatories for 2 to 3 weeks. When the pain is better try to wean off the NSAIDs. You may return to work as tolerated when the pain diminishes.

If the pain does not improve, or weakness develops, we may require X-rays and further studies. These may include an MRI or CT Myelogram and possibly an EMG to determine the extent of nerve damage if your problem is chronic.

OTHER OPTIONS

Once we have appropriate imaging showing a disc herniation very few patients will need surgery. One option that we commonly recommend is an epidural steroid injection. Many patients have lasting relief following these injections. Dr. Heilman will discuss other options such as acupuncture, chiropractic manipulations with you as the need arises.