

Orthopaedic Connection

Treatment of Herniated Disc

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Transforming patient information into patient understanding.

Herniated disc does not always require surgery. The key to being a good surgeon is to know when a patient requires surgery or when conservative treatment would be best. I learned this during my residency at the Cleveland Clinic and I have never forgotten it.

In the case of a definite herniated disc, non-surgical or conservative treatment usually works.

I'm not talking about routine back pain everyone has or even the occasional really bad episode that stops you for a day or two or more. I am talking about an honest to goodness herniated disc (usually proven on MRI).

Early treatment

- Bed rest may be indicated for a day or two to get things to calm down.
- Heat and/or ice for 15 minutes each 3 times a day.
- Short periods of walking
- Limit sitting. Walking or lying down are better during this time.
- Tylenol, Aspirin, Advil (or similar), prescription pain pills or muscle relaxants all can help.
- Back stretching and strengthening exercises best taught for the individual person's problem by a Physical Therapist.

I can "hear" you saying to yourself, "How can this stuff work? He said the disc is herniated."

It is simple, really. The body doesn't want the bulge or herniation to be there. In most cases the body has physiological means to get the swelling and inflammation (herniated disc) to subside, that is to become smaller. What we do as listed above helps what the body is doing.

More Options

If conservative treatment isn't working I consider these means.

- Attending physical therapy usually three times per week for various measures that Physical Therapists have found helpful.
- Epidural injections of a cortisone type anti-inflammatory medication that can lessen nerve irritation and help shrink the bulge.

- Chymopapain enzyme injected into the disc is rarely used anymore. I did use it in the past and most patients seemed to benefit.

Surgery

Surgery is reserved for patients whose severe back and leg pain is not improving. It is hard to put a time frame on when to do surgery. I find it varies a lot in my patients.

Surgery is referred to as a laminectomy in which a portion of bone is removed over the nerve and herniated disc. A portion of the disc is then removed which takes pressure off the nerve. It is highly variable how long a "pinched nerve" will take to feel better once pressure is removed.

The technical aspects of surgery that would help an individual patient's problem are beyond what we are presenting here.

Open treatment and less invasive procedures both have a place in the treatment of herniated disc.

In the case of a herniated disc, as the patient's main problem, fusion of bone and metal implants are not required. A lot of patients nowadays are having complicated spine procedures with screws, rods, plates, etc. There are reasons those things might be needed, but not in the treatment of herniated disc.

Factoid:

A study in The Annals of Pharmacology found that Wikipedia often left out important information about drug contraindications, unfavorable effects, instructions and use in pregnancy. A better source is medscape.com/drugs.

Check out our office website www.orthopodsurgeon.com and Your Orthopaedic Connection for lots more information about back problems and all the things I treat in the office and hospital.

Until next week, be well.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Dr. Haverbush