

Orthopaedic Connection

Lumbar Herniated Disc

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Transforming patient information into patient understanding.

I often hear people say they have a “slipped” or “ruptured” or “bulging” disc in the back. What they are actually describing is medically termed herniated disc. The first three words are so commonly used that we might as well accept them. Doctors even use slipped, ruptured or bulging disc when speaking to patients. All three words and herniated disc mean the same thing. Fact: That they all mean the same thing is important to know so as not to be confused. There are discs throughout the spine from the neck to the lower back. In this discussion I am discussing discs in the lower back.

What is a Disc?

A disc is a shock absorber between two spinal vertebrae. The structure is really two things. The outer edge of the disc is a ring of gristle-like cartilage called the annulus. The center of the disc is a gel substance called the nucleus. A disc is kind of like a jelly donut where the dough part is the annulus and the jelly is the nucleus. It is in reality a very complicated structure, but I am trying not to be too technical. It is also sometimes spelled disk, but I prefer disc.

Function of the disc

The discs between the vertebrae allow the back to flex or bend. Discs also act as shock absorbers for the spine. Several inches of your height is due to the thickness of the discs.

Discs have a high water content. As people age, the water content decreases so the disc begins to shrink and the disc spaces between the vertebrae get narrower. As this happens, you actually do get shorter. It happens to everyone over time. The disc becomes less flexible too resulting in the back becoming stiffer.

Conditions that weaken the disc

- wear and tear from aging
- excessive weight which can cause the softer material of the nucleus to squeeze out
- bad posture
- improper lifting
- sudden pressure

The fibrous outer ring may tear allowing the jelly nucleus to move out or herniate from its central space in the disc.

Pinched Nerve

This is another term we will always have with us. As the disc material herniates outward it puts pressure on a nearby nerve root in effect pinching the nerve with resultant pain we call sciatica. Rarely a fragment of the disc will break loose from where it was bulging and enter the spinal canal causing nerve pressure in a somewhat different way. This condition is termed extruded disc.

Recognizing Symptoms

Lower back pain itself is not a sign of herniated disc. Four out of five of us have back pain at least part of the time.

The most common symptom of herniated disc is sciatica – shooting pain that goes from the buttocks down the back of one leg to the calf or foot. This is caused by disc pressure on a spinal nerve.

Other symptoms are

- Weakness in one leg
- Tingling or numbness in one leg
- Burning pain centered in the back
- Leg symptoms usually lessen greatly with lying down
- Loss of bowel or bladder control combined with any of the above can be extremely serious and must be treated at once!

Diagnosis

Medical history is the key to a correct diagnosis. You may have a history of back pain with gradually increasing leg pain. Sometimes a specific injury causes a disc to herniate and the leg pain becomes intense.

A good physical exam can determine which nerve root is affected and how seriously. Plain x-rays are needed to determine the presence of degeneration or arthritis of the spine. MRI is usually required to confirm my diagnosis of a herniated disc. MRI is now the gold standard, but in the past myelograms were used to diagnose herniated disc.

Next Week

Herniated disc is a complicated subject. I haven't even touched on treatment yet. If you will join us next week I will cover all the aspects of treatment. See you next week.

My patients put their trust in me and what I do improves the quality of their lives.

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

Dr. Haverbush