

## *Orthopaedic Connection*

### **Treatment of Lumbar 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 is 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 to shrink the bulging disc.

#### **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. Now it is of historical interest only. Treatments seem to come and go.

#### **Surgery**

Surgery for herniated disc is a treatment however which came in 1934, but has never left. It was first done jointly by an Orthopaedic Surgeon and Neurosurgeon in Boston.

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. I have done the procedure since I was a resident at the Cleveland Clinic. When I perform a laminectomy I remove a portion of bone 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 the surgery I do to 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, if it is 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.

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

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Dr. Haverbush