



LUMBAR DISC HERNIATION (SPINAL DISC HERNIATION)

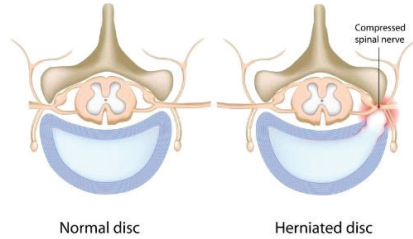
Aster
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We'll Treat You Well



Digital Version

Most patients often hear terms such as “spinal disc herniation”, “slipped disc”, “tired disc” or “disc out of place”. The cases of disc herniation are common, especially in the lower back (lumbar spine), and we treat them regularly in our clinic.



The herniated spinal disc is a common cause of lower back and leg pain. The disks, which act as shock absorbers for the spine, are located between the vertebrae. Each disc has a frame-like outer ring (called the fibrous ring) that surrounds a gel-like substance (called the nucleus pulposus).

HOW DO DISCS HERNIATE?

Herniation occurs when the outer strip of the disc is torn or cracked and the gel-like substance seeps out, putting pressure on the spinal canal or neural roots. In addition, the nucleus releases chemicals that irritate the surrounding nerves, resulting in inflammation and pain.

Most cases of herniation of the lumbar disks occur as a result of sudden strain, as in accidents. This may happen gradually, over weeks or even months. The following are risk factors that can contribute to the possibility of herniation:

- Aging. As we age, the discs gradually dry out, losing its strength and elasticity.
- Lifestyle choices. Lack of regular exercising, lack of a balanced diet, weight gain, and smoking are factors that contribute to harm to the health of disks.
- Improper postures, incorrect and/or repetitive lifting or rotating can make additional stress on the lumbar spine.

SYMPTOMS

Symptoms of disks herniation include:

- Unclear or severe pain in the lower back whose severity increases as a result of movements or activities such as bending, coughing, or sneezing etc.
- Muscle spasms or cramps.
- Sciatica (pain, burning sensation, tingling, numbness extending from the buttocks to the leg or foot).
- Weak legs or loss of leg function.

DIAGNOSIS

Proper treatment is always based on an accurate diagnosis. Our comprehensive diagnostic process includes:

- Medical history. We will talk to you about the symptoms you experience, its severity, and treatments you have formerly tried.
- Physical examination. One of our spine specialists will examine you carefully to examine your movement limits, balance problems, and pain during that test. We will also examine loss of reflex in the limbs, muscle weakness, loss of sensation, or other signs of spinal damage.

Diagnostic tests. We usually start with regular X-ray films to rule out other problems such as tumors and infections. MRI images are often used to give us three-dimensional views of lumbar vertebrae. But these testes are ordered only if it is warranted after clinical examination.

TREATMENT OF LUMBAR DISKS HERNIATION

You will be happy to know that most cases of lumbar disk herniation do not require surgery. Well-established evidence indicates that pain associated with herniated disks diminishes without surgical treatment within 4 - 6 months. Unfortunately, cases that are naturally resolved and those that cannot be resolved as such are unpredictable. Hence, non-

surgical treatments are usually prescribed initially to help alleviate symptoms.

NON-SURGICAL TREATMENT

A combination of the following treatments can be used with most patients with disk herniation:

- Anti-pain medications such as anti-inflammatory medications to reduce swelling and pain, muscle relaxants to calm spasms, and sometimes narcotic painkillers if needed to relieve acute pain.
- Heat/cold therapy, especially during the first 24 to 48 hours.
- Physical therapy exercises such as gentle massage, stretching, and strengthening exercises to reduce pain and increase flexibility.
- Bed rest for 48 to 72 hours
- Injection of an epidural anti-inflammatory drug in selected cases. It is given to patients with severe pain or severe leg pain.

SURGICAL TREATMENT

- If the patient, after non-surgical treatments, continues to suffer from intolerable pain, or there is evidence of neurological disability (such as weakness of the lower limb muscles), it is possible to recommend surgery to treat disc herniation.
- Surgery usually involves removing part of the damaged disc or removing it completely, to relieve pressure on the nerve and leg pain. This is called discectomy. We do this a lot using modern methods. In these methods small incisions are made and specialized techniques such as microscopes and endoscopes are used. Microscopic techniques of discectomy lead to faster recovery of patients compared to conventional methods, because they reduce harm to muscle and reduce blood loss during surgery.

- Rarely, there is a need to make spinal infusion in the event of a disc herniation for the first time. If necessary, the space left by the removal of the disc can be filled with a bone graft which is a small piece of bone usually taken from the patient's hip. Bone graft or bone replacement is used to connect fuse spine. In some cases, specially designed tools (such as rods or plates) can be used to stimulate fusion and make the spine stable.
- In addition to discectomy, there may be a need to remove part of the bone covering the nerve. This procedure is called a foraminotomy

RECOVERY

- Most patients can leave bed on the same day of the surgery. Activity gradually increases so that the patient is usually able to return home within 24 hours after that intervention, depending on the extent of surgery. This procedure may be followed by some pain. However, we have pain medications to keep you comfortable.
- Upon return home, you need to continue to rest. You will be given instructions on how to gradually increase your activity and you may need to take pain medications for some time. However, both pain and discomfort should begin to decrease within a week or two after surgery. We will discuss other ways to reduce pain and increase flexibility before returning home. We will also discuss with you the timeframe relating to time of resuming basic activities such as walking, driving, lifting light objects, and when you return to exercise more advanced activities such as work, exercising and yard work.



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THE LOCATION

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