



Low Back Pain and Herniated Discs



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Everyone, at some time in their life, will experience back pain. And, greater than 75% of the population of the United States will suffer at least temporary disability from low back (lumbar spine) pain or sciatica. It is one of the most common complaints causing people to visit the doctor.

Most back injuries occur from movements that increase stress and strain on the spine and good body mechanics go a long way in avoiding these back injuries.

Herniated Disc

A herniated disc, also called a slipped or ruptured disc, is a fragment of the disc nucleus which is pushed out of the annulus (outer layer) into the spinal canal through a tear or rupture. Discs that become herniated are usually in an early stage of degeneration. The spinal canal has limited space which is inadequate for the spinal nerve and

the displaced herniated disc fragment. Due to this displacement, the disc presses on spinal nerves, often producing pain, which may be severe.

The disc is made of two parts, an inner gelatin like nucleus surrounded by an outer part made of cartilage. The disc acts as a cushion between the bones of the spine and appears to counteract forces of weight bearing on the lower spine. Disc degeneration begins at an early age and is a normal part of the aging process. The nucleus portion of the disc loses its fluidity and becomes more fibrous. Small tears in the outside of the disc allow the central portion to leak out and compress a nearby nerve that goes to the leg. Physical stresses and trauma may contribute to the degenerative process of the disc.

Diagnosis may be made on the basis of patient history and a physical exam. Certain tests may be ordered including x-rays, electrical studies of the nerves and MRI of the spine.

Treatment is generally conservative at first with rest, analgesics and muscle relaxants being the mainstay. Occasionally, physical therapy will be ordered. Surgery is reserved for patients who do not improve and have a visible abnormality on x-ray or MRI. Most of these patients require only small operations.

Spinal fusions are only necessary in a small number of cases. The vast majority

of patients undergoing lumbar disc surgery show significant improvement in symptoms and return to their normal activities.

Not all back and/or leg pain is caused by herniated discs. However, we encourage you to ask questions so the best diagnosis and treatment plan may be implemented.

Limiting Your Risks

Whether you are getting into bed, standing, or doing a daily task, the keys to safer movement are the same. To protect your back, do these things:

- Tighten the muscles in your stomach to support your spine.
- Maintain good posture by keeping your ears, shoulders, and hips in a line.
- Bend at the hips and knees, not at your waist.
- Move your body as a unit. Do not twist at your shoulders or waist.

Sleeping Positions

- Lie on your side with your knees slightly bent, keeping a pillow between your knees, or,
- Lie on your back with a pillow under your knees.

Remember, practicing good body mechanics will reduce stress and strain on the spine and help avoid disc injuries.

However, persistent pain may be an indication of a serious condition. Please visit your doctor for an evaluation and diagnosis.