Herniated Lumbar Disc

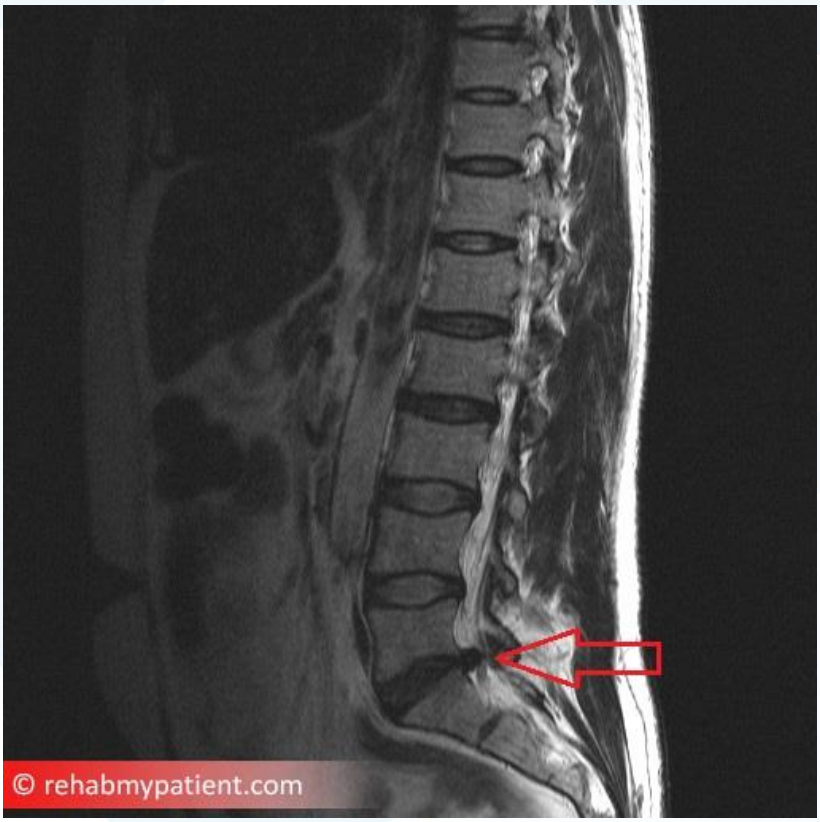
Your lower back is known as the lumbar spine, and consists of 5 vertebrae stacked on top of each other. In between each vertebra is a disc; it is like a cushion that absorbs force, helps with movement, and separates each vertebra.

As the disc degenerates and wears down, the inner core can end up leaking out through the outer part of the disc, which is known as a herniated disc. The disc can bulge and press onto a nerve root. The nerves run directly down the legs, so any type of pinched nerve in the spine can cause pain to radiate through the buttocks and down the legs.

A herniated disc is often called similar names, such as a prolapsed disc, slipped disc, or a bulging disc, and all of these terms are inter-changeable.

Herniated Lumbar Disc Anatomy

Whenever walking or running, these shock absorbers prevent your vertebrae from bumping into one another. They work alongside the facet joints to aid the spine in movement, twisting and bending. These discs are round and flat, roughly 9-11mm in thickness. Two components make up the discs. The annulus fibrosus is a tough, flexible outer ring of the disc. It works to connect the vertebrae together. The nucleus pulposus is the soft, jelly-like venter of the annulus, which provides the disc with its shock-absorbing capabilities.



An MRI scan showing a herniated lumbar disc

How to Treat a Herniated Lumbar Disc:

1. **Therapy**
   Physical therapists will be able to show you the proper exercises and positions that are designed to help minimize the pain accompanying a herniated disc. They will likely perform treatment to your back to improve mobility, and reduce the pressure of the disc on the nerve. As therapy progresses, you should notice the leg pains reducing or the leg pain coming up the leg (i.e. more towards the buttock or back). As your pain diminishes, therapy will help to advance you into a rehab program that consists of core stability and strengthening exercises to maximize the health of your back and protect against additional injuries. Chiropractors, osteopaths, physiotherapists and sports related manual therapists are all capable of successfully treating herniated discs.

2. **Cortisone Injections**
   Inflammation suppressing corticosteroids given in an injection directly into the affected area will help to provide you with some degree of relief. It helps to reduce the inflammation around the nerve root. This reduces swelling and can reduce the compression on the nerve, giving you relief from back pain and leg pain. If the leg pains are severe, the consultant might wish to do an epidural which is a steroid and anesthetic placed in the epidural space next to the spinal cord, and this can significantly reduce leg pain.

3. **Medication**
   If the pain is mild to moderate, you might find relief with an over-the-counter medication. It will often help to reduce inflammation and pain, but make sure to check on how much you should be taking at any given time. Discuss dosage and length of time to take the medication with your doctor, GP, or pharmacist.

4. **Muscle Relaxant**
   If you are suffering with back and limb spasms, a muscle relaxant might be provided to help ease the pain. One such medication is diazepam. Using these meds should be short term only.

5. **Stop Aggravating Your Back**
   It sounds simple enough right? Well then listen to your body and look closely at things you are doing during the day that might be aggravating your back. Typical aggravating factors include repetitive forward bending (like cleaning your teeth, making the bed, reaching down or bending over low surfaces to work or clean). Reduce the length of time you sit and get up regularly to loosen up your back.

6. **Surgery**
   Only a small number of individuals with a herniated disc will end up needing surgery as many respond well to therapy, but this often depends on the severity of the disc prolapse (i.e. how much disc material has come out, and how badly it is pinching the nerve). If you are having trouble walking or standing, the symptoms have lasted more than six weeks or a disc fragment becomes lodged in the canal, you might not have any other choice beyond surgery. In many instances, the part of the disc protruding can be removed and the rest can remain in-tact. In rare instances, the entire disc has to be removed. The disc is replaced with an implant.

Tips:

- Individuals who are between the ages of 35 and 65 tend to be more prone to developing a herniated disc in the back, which is often attributed to age-related degeneration.
- If you have excess body weight, losing it will help improve your back condition.
- Try to avoid working in a job where you are placing a lot of undue stress on the back, especially forward bending.
- Maintaining proper posture will help to alleviate pressure on the discs and spine. Keeping the back straight, especially when sitting for an extended period of time, will help to alleviate undue pressure on the spine.