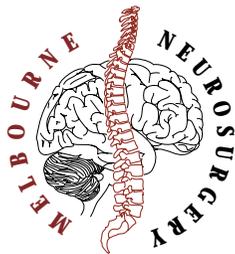


## INFORMATION LEAFLET

# LUMBAR DISC PROLAPSE

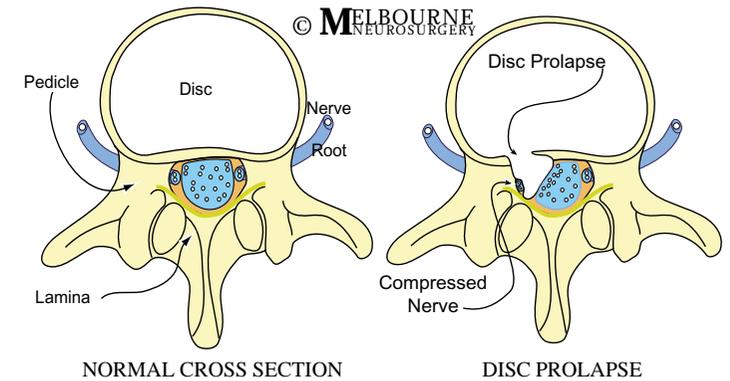
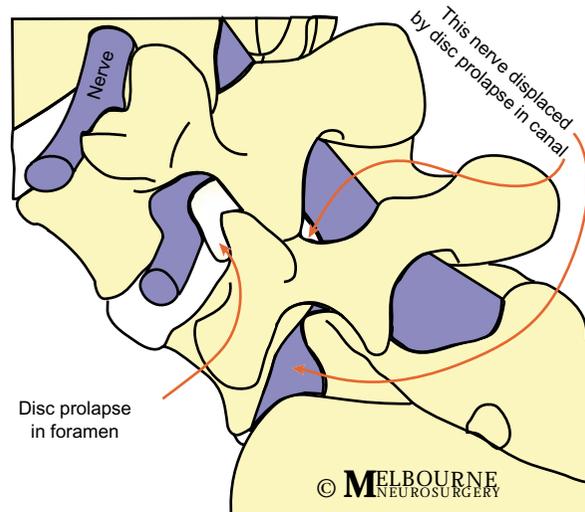


### THE LUMBAR SPINE

The LUMBAR spine (the bones and discs of the low back) is made up of vertebrae and discs. The vertebrae are the blocks of bone that make up the spine, discs act as cushions between them. The vertebra has a ring of bone on the back that is made from the lamina and the pedicle. When all the vertebrae are stacked on top of one another these rings line up to form a tube (CANAL). This contains all the nerves that go to the legs. The nerves leave the spine by travelling out holes between the vertebrae called foramina.

### THE DISC

This is the cause of all the trouble. It is made up of two components. An outer capsule (anulus fibrosis) and a soft centre (nucleus pulposus). The capsule (made from laminated fibres) holds in the soft contents and this allows movement of the vertebrae on one another. It can be likened to a tube of toothpaste only the contents is much thicker and it is like soft rubber.



NORMAL CROSS SECTION

DISC PROLAPSE

### WHAT HAPPENS TO CAUSE A PROLAPSE ?

As your disc gets older it starts to degenerate. The capsule develops tiny tears in it. These tears can also occur from overloading or straining the disc. Overloading can also produce a tear in the central soft component. Usually there is already something abnormal in a disc before it ruptures. The disc does not have to be overloaded to produce a prolapse, it can happen rolling over in bed.

### HOW CAN THIS AFFECT YOU ?

Most people hurt there back lifting something and this then causes back pain. Some time later (days to weeks) you may develop pain in the legs. Sometimes the leg pain comes on at the same time as the back pain. Other patients may have no back pain and only leg pain.

The commonest symptoms.

#### Low Back Pain

This may be non specific or actually a part of the leg pain if it is unilateral. The cause of the back pain is thought to be related to the tear in the capsule. This may be your only symptom of a prolapse.

#### Leg Pain (Sciatica)

This is usually from compression of the nerves in the back that normally travel down to the leg. This may produce pain along the length of the nerve in the leg. The nerve in the leg is the sciatic nerve and hence the term sciatica for the pain. Your doctor can tell which is the affected nerve from the type of pain.

## **Numbness and Weakness**

This does not always occur. If it does it means that a nerve is very compressed because the nerve is not working properly.

## **Tingling**

This is usually in the bottom of the leg or foot.

## **Cramps**

These occur in the muscles that are controlled by the affected nerve. They may also occur in the muscles of the back adding to the back pain and these may occur in spasms.

## **HOW IS IT DIAGNOSED ?**

Your doctor will usually make the diagnosis from the symptoms that you have and this will be helped by what he finds on examination and any tests he might do.

## **HOW LONG UNTIL IT GETS BETTER ?**

In most cases the symptoms will resolve spontaneously. This will depend partly on the size of the prolapse. It takes about 6 weeks in most cases. The first 2 weeks things can be quite bad. The next 2 weeks things start to improve and by the end of the 6th week you are substantially better. Your doctor may not investigate your back initially as they might be waiting to see if you improve. If you have had a prolapse at the same place before then it may take 3 months to improve. The longer that you wait the greater the chance of improving. As a general rule, the pain improves first, any weakness gets better next and the numbness is the last to improve.

## **WHAT SHOULD YOU DO ?**

Visit your local doctor as they can advise and help co-ordinate your care. Initially you may need to rest and take some time off work. After a while you will find that not doing anything will actually make your symptoms worse. This is the time to get back to work doing what you are capable of. Sitting for long periods can aggravate the symptoms. It is important not to lift anything heavy while you are recovering (your doctor will tell you how long you cannot lift for). Some sports may aggravate your symptoms.

## **HOW IS THIS TREATED ?**

**Rest** initially then **Exercise**

**Pain Medication** These should be taken regularly to keep the pain away. In the first few weeks they may not work too well.

**Anti Inflammatory Drugs** If you have problems with ulcers (stomach ) or reflux then you cannot take them. These also may not work initially (because the nerve is so compressed) so if you have stopped them they could be tried again.

**Physiotherapy** There are different types available and you should discuss this with your physio.

**Epidural** Some people get better with this and it involves injecting some steroids around the nerves in your spine.

## **Tests and Referral ?**

### **PLAIN X-RAYS**

These are often the first test. These show that the discs have lost height but they will not show a prolapse.

### **CAT SCAN**

This is usually next. This is a computerised X ray of your back that will show the presence of most disc prolapses.

**You are referred to a specialist after the CAT scan in most cases and they organise any further tests.**

### **M.R.I. (Magnetic Resonance Imaging)**

This is the next test. It produces pictures like the CAT scan but they are generated using a magnetic field and not using radiation. This test is not always needed if the CAT scan shows the problem.

### **The common specialists to be referred to are:**

Neurosurgeons  
Neurologists  
Orthopaedic Surgeons  
Rheumatologists

**This is usually for an opinion and for advice and not always for an operation**

## **WHEN IS SURGERY SUGGESTED ?**

(Most patients do not get to this point)

If you are not getting better after trying everything.

If you have severe weakness/numbness.

If you cannot cope with the Pain.

If you are getting worse.

## **IF YOU NEED SURGERY ?**

THERE ARE THREE TYPES OF OPERATION

The surgeon decides and it depends on many factors

### **LUMBAR MICRODISCECTOMY**

This is the removal of the prolapse and the rest of the disc

### **LUMBAR MICROLAMINECTOMY**

This is the partial removal of one or more lamina

### **LUMBAR FUSION**

This is combined with a laminectomy and usually is only performed because there has been multiple prolapses from the same disc.

**FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET**

**Sometimes the Disc prolapse can become so large as to completely stop the function in all the nerves in the canal. This produces loss of power in the legs with complete numbness around the bottom and the loss of function of the bowel and bladder (Cauda Equina Syndrome). This is an emergency and you must go to Hospital immediately because the longer it is like this the less the chance of it getting better with surgery.**

**MELBOURNE**  
**NEUROSURGERY**  
neurosurgery.com.au

545 ROYAL PARADE  
PARKVILLE VIC 3052

PHONE 03 9816 - 9844  
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY  
PTY LTD  
ACN 082 289 316

**Disclaimer.** This brochure is to provide general information and does not replace a consultation with your doctor.

© This brochure is copyright. No part of it may be reproduced in any form without prior permission from the publishers.