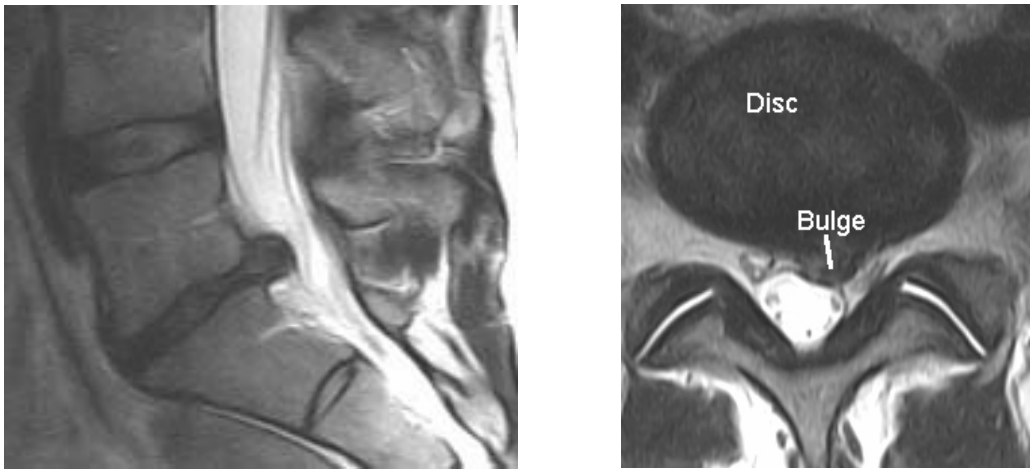
Prolapsed lumbar disc

The term prolapsed disc is synonymous with ‘slipped disc’ and refers to the material in the middle of a lumbar disc coming out and then this may press on a nerve. It often occurs on the background of an abnormal or degenerate disc which has a small tear (annular tear) in the outer lining. Sometimes this causes back pain and patients sometimes describe back pain first before the limb pain (sciatica) starts.

History

Often there is no traumatic event and the prolapse occurs spontaneously. There may have been a history of intermittent low back and leg pain over a period of months or years or the sufferer may have been entirely asymptomatic. Pain often starts in the low back and radiates into the buttock and then into the area supplied by the nerve being pressed upon (dermatome – see leg pain sheet). The leg pain often predominates and is usually posterior although sometimes the anterior thigh can be involved. Pain is exacerbated by sitting, sneezing, coughing and often reduced by standing. In some patients the disc may press on the central nerves going to the bladder or bowel causing a problem here and this is a surgical emergency and known as cauda equina syndrome.



2 cross sections showing a disc prolapse at L5/S1

Examination

In acute prolapse examination is often limited due to pain. Classically, the patient will have a curved spine (postural scoliosis) as an attempt is made to take the pressure off the affected nerve. On lying flat, lifting the leg may induce pain, exacerbated by stretching the nerve with various clinical tests. Testing for numbness and weakness will reveal if there is any nerve deficit. Reflex testing does the same – although it should be noted that some patients often do not

have detectable reflexes and are normal and others never regain the reflex having lost it and are entirely asymptomatic.

Investigation

MRI will be arranged if indicated to confirm the diagnosis. Sometimes an xray may be indicated and in patients where an MRI is not possible CT can be done although the pictures are often not as detailed.

Treatment

Fortunately, the vast majority of prolapsed lumbar discs become asymptomatic by 2-3 months without any treatment at all. Sometimes benefit may be gained form manual therapy or a nerve root block to numb the pain while the situation resolves itself. Microdiscectomy and decompression of the nerve root is indicated when there is:

1. Pressure on the nerves supplying the bladder and bowel
2. A symptomatic neurological deficit e.g. weakness
3. Severe pain not responding to non-operative measures (<6 weeks)
4. Pain that is still interfering with day to day life after 6-8 weeks.

There is increasing evidence that early surgery can be of great benefit in the long term as well as the short term although a short period of non-operative measures should be pursued in most. The key is to consider surgery early if these fail and not to remain in pain for prolonged periods of time when chronic pain becomes a problem and surgery is less effective.