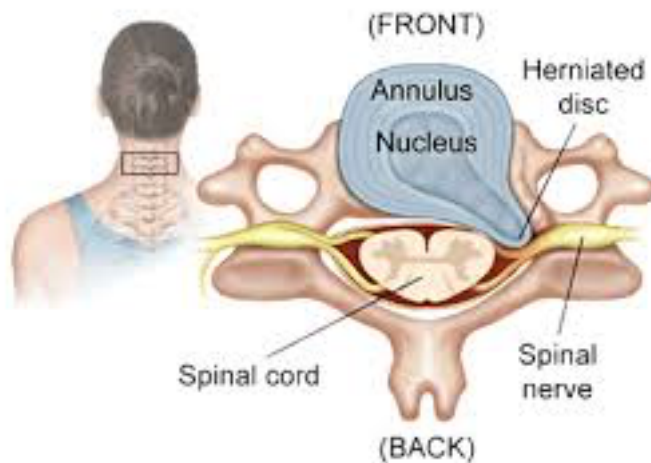


# SpineFAQs **Cervical Disc Herniation**

Also known as a 'slipped disc' or a 'ruptured disc', a herniated cervical disc results from injury to one of the discs in your neck. This can lead to neck pain and pain which runs down one or both of your arms.



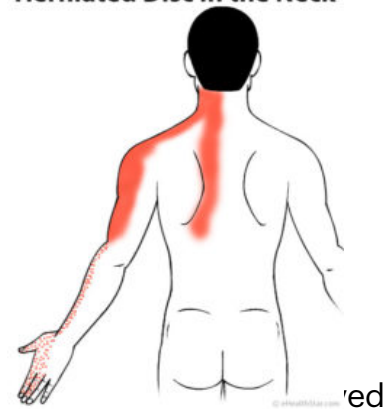
The discs are the shock absorbing parts of your spine that allow motion of the bones. The discs are composed of two basic parts: the annulus (ann-you-luss), which is the tough fibrous outer coating of the disc, and the nucleus (new-clee-us), which is the more jelly-like inner core of

the disc. Think of it like a jelly-doughnut with the crust being the annulus, and the jelly being the nucleus. A herniated disc occurs when the annulus breaks down, either from degeneration or from injury, and the nucleus pushes out of the rim of the disc.

## **What are the symptoms of a herniated disc?**

The most common are neck pain, pain beneath the shoulder blade, with intense pain, and possibly numbness and tingling down one or both arms. The pain is often described a burning, sharp or 'electric-

**Herniated Disc in the Neck**



shock' quality. There may also be weakness in the arm. Often the arm pain increases when turning the head, with cough or sneeze, or at night. Often raising the painful arm over the head may reduce the pain

### **How is a herniated disc diagnosed?**



I will ask you several questions about your pain including how it started, where it is, what it feels like, what makes it worse, and what makes it better. In addition, I will examine you to check your strength, reflexes, and sensation. Finally, I may order x-rays or other tests such as an MRI or myelogram with CT scan to make the diagnosis. Putting all of the information together will allow me to diagnose a herniated disc.

### **What can be done about it?**

Fortunately, most patients with herniated discs will improve with time. Anti-inflammatory medications, cortisone, muscle relaxers and pain medications may be prescribed. Most patients will be encouraged to increase activities as their pain allows, and in fact many patients may be referred to physical therapy. In the more severe cases an injection of cortisone into the spine may be recommended. (Either an 'epidural steroid injection' or a 'nerve root block') Lastly, if all other treatments fail, surgery can be recommended in the appropriate patient.

### **What about surgery?**

If all other treatments have failed to improve your pain, surgery may be recommended. The surgery consists of two parts. First, an incision is made in the front of your neck, locating the area of the disc herniation, and removing the entire disc. Once the pressure is removed, the gap left behind is filled with a bone spacer (taken from your pelvis or the bone bank). This keeps the bones from collapsing, and allows them to fuse together. The surgery is relatively safe, although there is a slight risk of infection, bleeding, leakage of spinal fluid, or injury to the breathing or swallowing tubes. Some people are left with a hoarse voice or with difficulty swallowing. Finally, there is a chance that the fusion will not 'take' which can cause some people to have persistent neck pain.

### **Does the surgery 'cure' the herniated disc?**

No. Surgery is very good at reducing the pain but we don't have the ability to 'repair' the disc or 'make it new'. The goal of surgery is to remove the pressure on the nerve. The nerve must then recover and heal. Fortunately, most of the time, the patient's symptoms are significantly improved and they are able to do just about anything they want. The nerve may not recover fully, however, and this can lead to persistent pain, numbness or tingling.

### **How long will I be off with surgery?**

Usually, most patients go home the same day of surgery, but occasionally may stay in the hospital 1 to 2 days after surgery. I encourage the patient to be up and walking soon after surgery. People who have low-intensity, non-labor jobs usually can return to work in 2-4 weeks. Laborers may require longer to get back to

the job-site – up to 3 months or so from surgery. It usually takes between 3 and 6 months for the fusion to become solid, but you will be back to your normal activities sooner.