

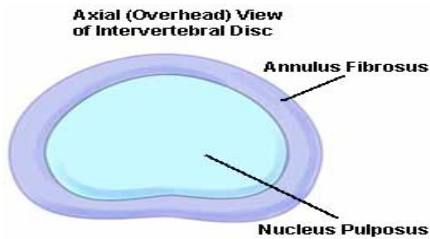


**Dr. Dieguez Jr.**

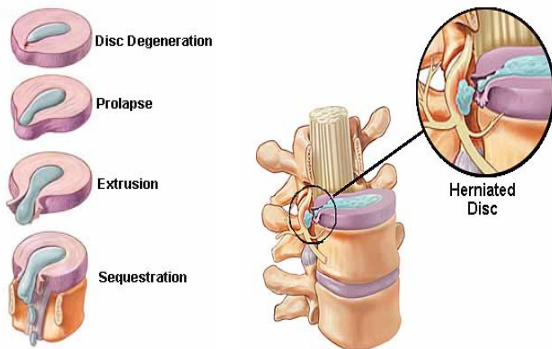
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**WHAT IS A HERNIATED DISC?** The human spine is made up of superimposed boney segments aligned one on top of the other. In between each segments there is a cushion, or disc, that acts as a "shock absorber" in the spine. The disc consist of a fibrous ring, or outer portion called *annulus fibrosus*, and in the center there is a gelatin type material that forms the *nucleus pulposus*. This annulus can sometimes



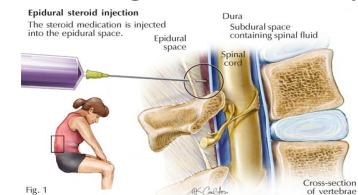
break and the gelatin material then leaks out. This is called disc herniation. As seen in the next picture, a nerve is compressed and sometimes also the spinal cord, depending on the level and size of the herniation.



This may cause back pain, leg pain, neck pain, numbness, weakness of your leg or arms and sometimes even bladder leakage or bowel leakage. **CAUSES.** The disc or "shock absorbers" if submitted to increased mechanical stress, such as heavy lifting or repeated bouncing forces like when riding over bumpy road long term, can cause the fibrous ring or annulus to break and the nucleus or central portion then leaks out. Also degeneration of the disc due to aging can eventually weaken the fibrous ring and lead to disc herniation. The leakage of the gelatin material produces an inflammatory reaction that make things worse since the compression of the nerves worsens with the inflammation.

**WHAT YOU FEEL AND WHAT THE DOCTOR LOOKS FOR.** Most people describe a deep severe pain that starts low on one side of the back or neck and radiates down the leg or the arm. Tingling, numbness and a sensation of pins and needles may accompany the pain in the extremity. If sensory function of the impinged nerve root is impaired, numbness will result. The exact area of numbness is determined by the particular root. In the lower extremities it may be in the big toe, the heel, the outer ankle, the outer leg, or a combination of these. Impairment of motor function of the root will cause weakness of upper or lower extremity depending on the particular root compressed. **TESTING.** A history and physical by your specialist is very important. Afterward the following tests may be ordered: MRI, CT scan, Myelogram, bone scan, nerve conduction studies and electromyography. Certain blood test may also be ordered, like ESR. If these results are elevated, this suggest inflammation somewhere in the body.

**TREATMENT.** The mainstay of therapy for herniated disc in non-surgical. This is because in the majority of patients the symptoms resolve or subside to a level that allows normal activity within 4-6 weeks. The goal is relieving pressure and inflammation on the affected nerve root or nerve itself. **Medical Therapy.** Usually, oral anti-inflammatory medications are prescribed, accompanied by muscle relaxants and home measures like ice packs alternating with moist heat is the first line of treatment. If the acute pain gets better, physical therapy may be added. If no response is obtained then an epidural steroid injection is the next step. **Epidural Steroid Injection.** This type of injection is usually performed by an anesthesiologist who specializes in the management of pain. The goal is to deliver a very concentrated dose of a potent anti-inflammatory medication close to the area of the herniated disc that is compressing the nerve and causing the inflammatory reaction.



An Epidural sometimes produces amazing results, relieving the pain quickly. Depending on the case, one of three approaches are used: Inter-laminar approach, Transforaminal approach and Caudal approach.

