

Initial Management

Most patients with a symptomatic disc prolapse will make a full recovery as the disc heals within a few weeks. Surgery carries both short term and long term risks (a small but real chance of complications).

The purpose of the initial management is to minimize pain whilst waiting for healing, and maximise the chance of a full and speedy, avoiding surgery.

Physiotherapy

- Delivered by specialist therapists
- Objectives:
 - Relief of pain
 - Restore muscle balance
 - Restore posture
 - Strengthen muscle groups
 - Promote / develop core stability
 - Advise on a regular exercise program
- Traction, Mobilisation, Postural training
- Hands-on therapies
- Acupuncture

Medications

- Paracetamol
- Opioids eg cocodamol, tramadol, morphine
- NSAIDs eg ibuprofen, naproxen, etoricoxib
- Anti-neuritic agents eg amitriptyline, gabapentin, pregabalin
- Muscle relaxants eg diazepam, methacarbamol

Amitriptyline

- A much lower dose than used in the treatment of depression can be effective in managing nerve pain – burning, shooting, stabbing pain
- Works by increasing the amount of specific nerve transmitters in the nervous system, reducing pain messages reaching the brain
- Usually 10-20mg before bed
- Side effects are few, and generally mild:
 - Drowsiness, dizziness, dry mouth, constipation, sweating
 - Less often – blurred vision, difficulty passing urine
- Caution with driving, if feeling drowsy
- Moderate alcohol consumption ok once at steady dose

Gabapentin and Pregabalin

- There is a lot of evidence for gabapentin in neuropathic pain (from diabetic patients)
- Major side effect is somnolence (feeling drowsy, lethargy and slow mental processing)
- Both are controlled drugs – wean off over a few weeks to avoid withdrawal symptoms
- Typical starting doses:
 - Gabapentin – 300mg daily 1 week, twice daily 1 week, three times daily – maintenance, max 2700mg/day
 - Pregabalin 75mg twice daily, increasing as necessary

Pregabalin – Common side effects

- Dizziness
- Drowsiness
- Visual disturbance
- Muscle problems – lack of coordination, speech disturbance, tremor
- Other – memory problems, euphoria, constipation, dry mouth, peripheral swelling
- Most patients are fine, but most are also happier when they stop

Injections

- Steroids with local anaesthetic
 - Epidural, Facet joint
- In my opinion injection therapy has a very limited role. The local anaesthetic works for a few hours. The steroid takes 48-72h to become effective, and is active for 6 weeks
- Facet blocks for neck pain – may be undertaken by pain specialists
- Targeted nerve root injection (CT guidance) are occasionally of some value to temporise, if medications have failed, and there is a desire to delay surgery.