

# Simple measures for dealing with lumbar disc prolapse

# Rationale

- Most patients with a symptomatic disc prolapse will recover within days / weeks
- Surgery is never inevitable
- In the right hands, surgery may be highly effective
- However,
  - Surgery cannot be undone
  - All surgery carries risks
  - There is a 6 week recovery period

# Timing for surgery

- Routine
  - For pain syndromes
  - Rarely within 6 weeks of symptoms
- Urgent
  - For motor deficit – ie significant weakness
  - Commonest is foot drop
  - Within days of significant weakness
- Emergency
  - For Cauda equina syndrome
  - Massive disc prolapse
  - Surgery within hours

# Aim of simple measures

- To make symptoms manageable whilst the body heals the disc prolapse
- Masks the pain
- Improves posture / alignment
- Very successful in the vast majority of cases
- Occasionally – symptoms are recurrent. Simple measures may work again. Repeated episodes may prompt surgery

# Physiotherapy / Exercise

- Physiotherapy and exercise program is the key
- Medications allow exercises to proceed
- Aim – restoration of:
  - Posture
  - Range of motion
  - Core strengthening
  - Weight optimization
- Surgery has a role – eg dealing with leg pain that limits ability to engage with exercise programme

# Simple medications

- Over the counter
  - Paracetamol
  - Cocodamol 8/500
  - Ibuprofen
- Prescribed first line
  - Cocodamol 30/500
  - Naproxen
  - Amitriptyline 10-20mg

# Gabapentinoids

- These agents can be effective in reducing nerve-related pain (neuropathic pain)
- Lots of evidence from studies in diabetic patients (diabetic neuropathy)
- Gabapentin usually prescribed with increasing dose over 3 weeks to 300mg tds (three times daily)
- Pregabalin – usually 75mg bd (twice daily)
- Frequent side effects from both
- Dependency issues, need to wean off medication

# Nerve Root Injection

## Procedure code: A5755

- Injection of local anaesthetic and steroid around the nerve root
- Performed under sedation, with x-ray guidance in theatre
- Local anaesthetic – bupivacaine, lasts a few hours only. At the time of the injection, patients may feel coldness or numbness in the distribution of their pain
- Steroid – triamcinolone 40mg, takes 48-72h to become active, lasts 6 weeks. Reduces local inflammation.
- Omnipaque – radiopaque dye, shows the injection site around the nerve root

