

# Lumbar disc prolapse

Also referred to as:

Slipped disc

Disc herniation

Ruptured disc

Sciatica

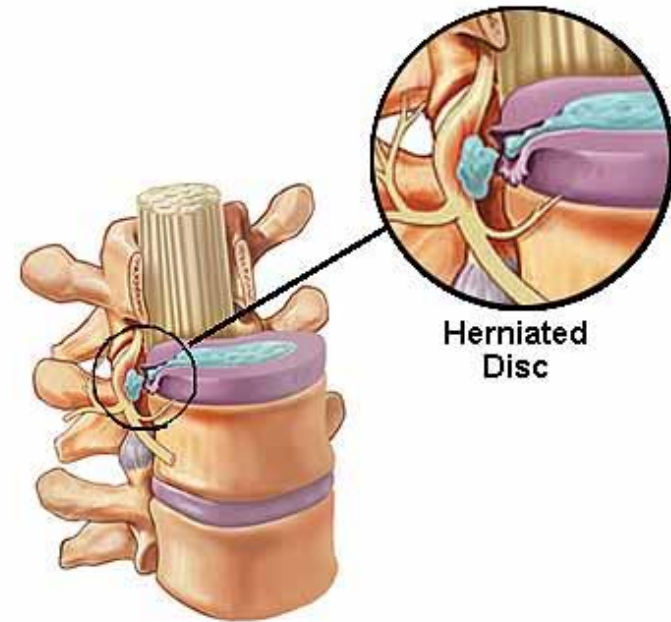
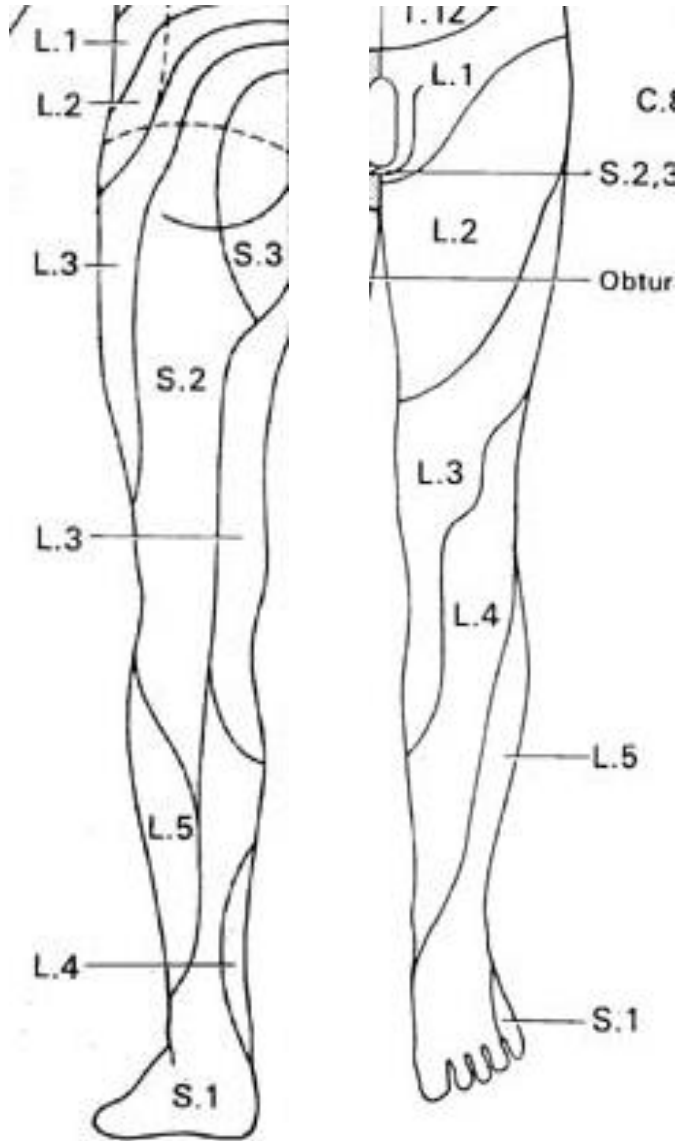
# Lumbar disc prolapse

- Lumbar disc prolapse is common
- Most heal rapidly
- The ruptured fragment can squash 1 or more nerve roots resulting in dysfunction – pain, weakness or numbness
- The spinal cord ends at the lower border of the 1<sup>st</sup> Lumbar vertebra. The terminal part of the spinal cord is called the conus medullaris.
- 80% of lumbar disc prolapses affect L4/5 or L5/S1 levels

# Disc herniation and radiculopathy

	<b>L3/4</b>	<b>L4/5</b>	<b>L5/S1</b>
Root compressed	L4	L5	S1
% of PID	5%	40-45%	45-50%
Reflex loss	KJ	-	AJ
Sensory loss	Med calf	Lat calf to big toe	Post calf to little toe
Weakness	Knee ext	EHL Tibialis ant	Gastrocnm

# Dermatomes: patterns of pain and sensory loss

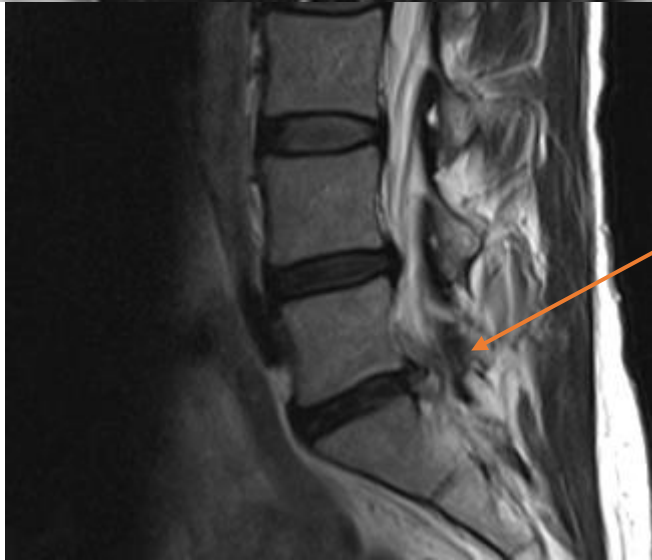
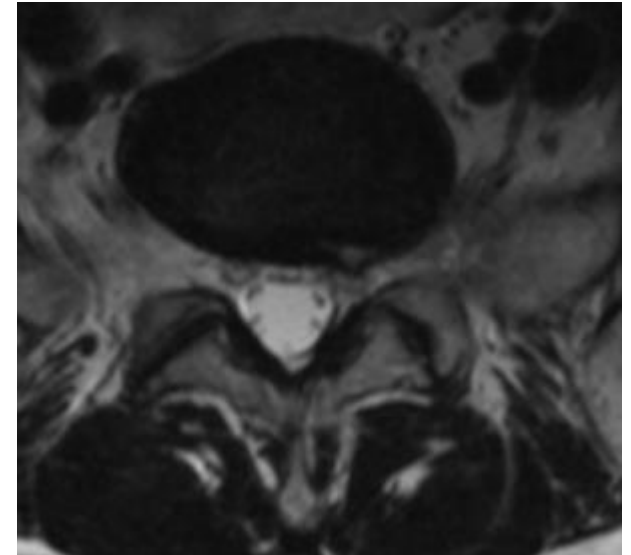
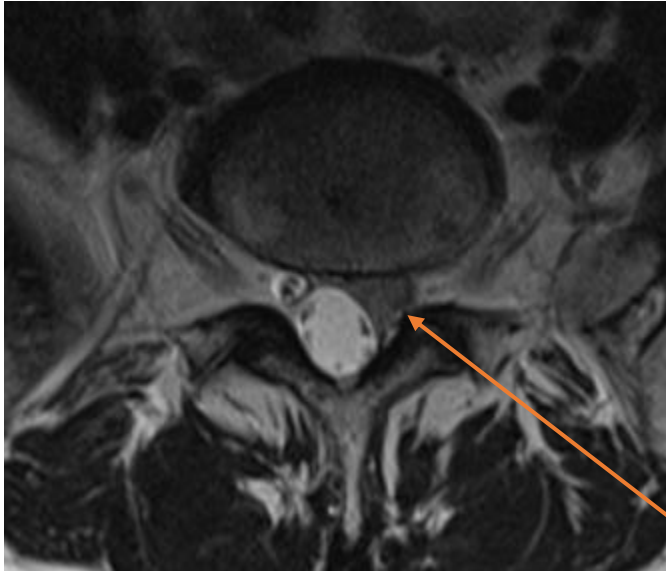


Beware – S2 radicular pain  
vs referred pain for pain in  
hamstring, not going below  
the knee

# Natural recovery from disc prolapse

- 60% of patients are fully recovered by 6 weeks
- 80% are recovered by 3m
- Temporising is to avoid an operation, NOT to delay the inevitable
- The longer the pain persists, the less likely that it will recover spontaneously
- Severe pain can fully settle within weeks
- Large discs can also heal quickly
- Every operation has a finite risk of complications
- Generally recovery from microdiscectomy takes 6 weeks

Disc herniations resolve  
60% at 6w, 80% at 3m



Even large ones!

