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Herniated Disc

The bones (vertebrae) that form the spine in your back are cushioned by small discs. These discs are round and flat, with a tough, outer layer (annulus) that surrounds a jellylike material called the nucleus. Located between each of your vertebra in the spinal column, discs act as shock absorbers for the spinal bones. Thick ligaments attached to the vertebrae hold the pulpy disc material in place.

A herniated disc is a fragment of the disc nucleus that is pushed out of the annulus, into the spinal canal through a tear or rupture. The spinal canal has limited space that is inadequate for the spinal nerve and the displaced herniated disc fragment this results in the disc pressing on the spinal nerves that causes pain.

Herniated discs can occur in any part of the spine. Herniated discs are more common in the lower back, but also occur in the neck.

Causes

A single excessive strain or injury may cause a herniated disc. However, disc material degenerates naturally as you age, and the ligaments that hold it in place begin to weaken. As this degeneration progresses, a relatively minor strain or twisting movement can cause a disc to rupture.

Treatment

The initial treatment for a herniated disc is usually conservative and nonsurgical including rest, and physical therapy. The therapist will perform an in-depth evaluation; which combined with the doctor's diagnosis, will dictate a treatment specifically designed for patients with herniated discs. Pain medication and muscle relaxants may also be beneficial in conjunction with the physical therapy.

If conservative treatment does not improve the symptoms, surgery may be required. The benefits of surgery should always be weighed carefully against its risks. Although a large percentage of patients with herniated discs report significant pain relief after surgery, there is no guarantee that surgery will help every individual.

Source: <http://www.spineuniversity.com/public/spinesub.asp?id=87>