

# Orthopaedic Observations

*A Matter of Medicine...*

TM Pending

## Herniated Discs

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We have all heard of cases of terrible back pain or sciatica. Some of these ailments can be related to a common injury to the intervertebral disc. The human intervertebral disc is a structure that lies between the vertebral bodies. It functions as a shock absorber to cushion the forces we all experience throughout the course of the day. When this disc becomes

injured it can lead to a common scenario described by many names: herniated disc, slipped disc, ruptured disc, or sciatica.

The human disc has an outer layer of tough fibrous bands, much like those of a steel belted tire. These rings of tissue reinforce a soft center, the nucleus pulposus, which works as the force absorbing center. When the disc is injured the tough rings can tear, allowing the soft nucleus to extrude through the tear.

There are many grades or severities to these types of tears. On occasion this can lead to a mild bulge in the disc. At other times a complete tear can create a channel, through which the soft nucleus can travel into the spinal canal. These two components, the torn outer layer of the disc and the encroachment into the spinal canal leads to the common symptoms of back pain and sciatica. In those patients in whom the soft nucleus travels into the spinal canal and impacts upon one of the spinal nerves, sciatica predominates. Those patients with less impact on the spinal nerves often experience more back pain.

The diagnosis of a herniated disc can often be suspected from a simple description of a patients symptoms and a physical examination. An MRI scan can often provide radiographic evidence to support your doctors' suspicion of a herniated disc. Once your doctor has made the diagnosis a variety of treatment options are available to you.

Many conservative options exist, including observation, medications, and physical therapy. The vast majority, more than 80% of those with a herniated disc will have

their symptoms abate with these conservative measures. Most of those patients will have their symptoms considerably improve within 3 months or less.

In the smaller subset of patients that do not improve with conservative care or have worsening neurological examination, surgical treatment is often possible. These microsurgical techniques can result in patients going home with a minimal scar, and a rapid recovery. The techniques that past generations have had to endure have changed. New techniques, have led to better outcomes with much less morbidity. Ultimately, your doctor can provide you with a treatment regimen to return you to a normal life.



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*He attended Boston University for his undergraduate studies. After graduating Alpha Omega Alpha from Boston University School of Medicine, he traveled to the University of Southern California-Los Angeles Medical Center where he completed his residency in Orthopaedic Surgery. At the University of Southern California-Los Angeles Medical Center he was awarded the Marshall Schiff Award and Herman Epstein Award. Dr. Wijesekera specialized in Spinal Surgery at the University of California Davis Medical Center, where he completed fellowship training in all aspects of adult and pediatric spinal surgery.*

*He has joined the Orthopaedic Group, LLC in New Haven, Connecticut, and brings spinal surgery expertise to a well-rounded and equipped practice of orthopaedic surgeons.*

*Dr. Wijesekera completed the first artificial disc replacement ever performed at the Hospital of St. Raphael.*