



DR VANESSA SAMMONS

NEUROSURGEON



Guide to
LUMBAR SPINE

Nerve Compression (“Sciatica”)

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KEY FACTS

- Lumbar Radiculopathy is a treatable condition caused by a herniated (“slipped”) disc in the lumbar region of the spine
- It can be caused by repetitive and/or forceful movements, arthritis, bone spurs, and injury
- Symptoms include lower back pain, leg pain, tingling, numbness, and/or weakness in the legs
- Treatment options include pain medication, corticosteroid injections, physical therapy and surgery
- Surgery requires a minimum of two weeks recovery time with usually one night in hospital

WHAT IS THE LUMBAR SPINE?

The lumbar spine is part of the body’s vertebral column. It’s located in the lower back between the sacral and thoracic vertebral segments of the spine. It’s comprised of five vertebrae, the largest of the vertebral column.

WHAT IS A LUMBAR DISC?

Lumbar discs are found between the vertebrae of the lumbar spine. These discs protect the lower back by:

- Serving as shock absorbers between the vertebrae
- Supporting the upper body
- Enabling a wide range of motion

A tough outer ring called the annulus fibrosus protects the gel-like interior of each disc, known as the nucleus pulposus.

WHAT IS A HERNIATED DISC?

Over time, lumbar discs become flatter and harder (disc degeneration) due to the loss of an inner fluid that makes them pliable. Stress or pressure placed on the spine may cause the outer ring of the disc to bulge (herniate), tear or crack. Pain may result from the disc pushing against the nerve root as it leaves the spine or due to irritation caused by the inflammatory material that leaks from inside a torn disc.

WHAT ARE THE SYMPTOMS OF A LUMBAR HERNIATED DISC?

Moderate to severe pain in the buttock and thigh is a hallmark of a herniated disc. The pain often develops quickly with no readily identifiable action or event that triggered the discomfort. Other symptoms of the condition include:

- Leg pain
- Sciatica (pain that radiates along the path of the large nerve in the back of the leg)
- Pain in non-spinal areas such as thigh, calf, foot and/or toes
- Numbness
- Tingling
- Pain that worsens with movement
- Pain that worsens when hunching forward
- Difficulty lifting the foot to walk (foot drop)
- Weakness
- Lower back pain

In many instances, symptoms subside within six weeks. (Though short-lived, the pain is intense and may prevent you from engaging in everyday activities.) Sometimes the pain from a herniated disc can become debilitating, causing weakness and widespread numbness that signals an urgent need for medical attention.

WHAT CAUSES A LUMBAR HERNIATED DISC?

The risk factors for developing a herniated disc are diverse:

- Age
- Gender
- Repetitive Stress
- Obesity
- Smoking
- Family History

A disc can also herniate for no apparent reason.

WHEN SHOULD I CONSULT A DOCTOR?

You should not ignore symptoms of a lumbar herniated disc. Early diagnosis can lead to early intervention and help you avoid more serious problems. Contact us to get answers to any questions you may have. Reach out if:

- Pain is affecting your daily life
- Your symptoms have been present for 6 weeks or more

HOW IS A LUMBAR HERNIATED DISC DIAGNOSED?

The first step Dr Sammons will take in assessing your condition is to ask you about your medical history, as well as:

- The type of pain you're experiencing
- The location of the pain
- Lifestyle activities that may be a factor
- Other medical conditions you have

The next step is a physical exam plus one or more of these non-invasive assessments, as indicated:

- Neurological examination
- Lumbar spine area exam
- Monitoring of gait (walk)
- Leg raise test
- Range of motion test
- Imaging tests (MRI)

WHAT ARE NON-SURGICAL TREATMENTS FOR A LUMBAR HERNIATED DISC?

As herniated disc symptoms may resolve themselves in under two months, patients may choose non-surgical treatments to address their problem:

- Non-prescription pain medication
- Prescription muscle relaxant
- Rest (limited to one or two days to avoid stiffness and more pain)

If the problem persists, physical therapy and epidural injections of steroid medications may provide temporary relief. Ultimately, microdiscectomy surgery might be needed.

WHAT IS MICRODISCECTOMY FOR LUMBAR HERNIATED DISC?

Microdiscectomy is minimally invasive surgery to repair a herniated disc. The procedure eases pressure on the nerve root and creates a better healing environment for the disc itself. A 2015 study found that 84% of participants who went through a microdiscectomy procedure had long-term success in alleviating pinched nerve pain.

The small (micro) incision used in this surgery gives it its name. An incision is made over the affected level. Then Dr Sammons removes damaged herniated tissue to relieve the pain and pressure, and then closes the incision with sutures. The surgery itself takes approximately 1 to 2 hours and is performed under general anaesthesia.

Most patients stay in hospital overnight to ensure adequate pain relief.

WHAT CAN I EXPECT IMMEDIATELY AFTER MICRODISCECTOMY SURGERY?

After your surgery, you will be taken to a recovery room. A nurse will take your vitals, check on your pain level, and do whatever possible to ensure your comfort. You will be asked to get up and walk around (with assistance).

Common after-surgery side effects include fatigue and discomfort. The discomfort may increase as the analgesics you received during surgery wear off. You will be given specific instructions regarding pain management and activity levels.

You will be able to shower within 48 hours. Take care not to remove any surgical tape or glue on your skin. Doing so may irritate your incision site. Should you get water on the incision site, gently pat it dry with a clean towel.

WHAT HAPPENS DURING THE RECOVERY PERIOD?

Pain is often alleviated immediately after surgery. Some twinges of pain may occur as inflammation settles down. It will take approximately two weeks before you feel back to normal. As you resume your activities, monitor yourself carefully to ensure that you are not overdoing things. The incision area is likely to remain tender for up to six weeks. It's important that you avoid stressing the area.

Between 6 and 12 weeks, the majority of patients will have returned to their normal life, including physical therapy when prescribed. Twinges of discomfort may linger, but the ongoing pain of the herniated disc will have largely dissipated.

ARE THERE RISKS TO MICRODISCECTOMY?

The lumbar microdiscectomy surgery technique and procedure have significantly improved in recent years with a shorter recovery period, less pain, and a higher success rate. Still, all surgical procedures carry some risk. Microdiscectomy may rarely cause:

- Pain that isn't helped by medication
- Blood soaking through the bandaging
- Fever
- Calf pain
- Swelling in one or both legs
- Discharge that may indicate an infection
- Weakness or tingling
- Loss of bladder control

Contact your surgeon immediately if you experience any of these things.

WHAT SHOULD I DO AFTER MICRODISCECTOMY SURGERY?

For the first two weeks after surgery, it's recommended that you avoid:

- Bending at the waist - it may irritate sensitive tissues in the lower back
- Lifting objects - anything more than a litre of milk can create strain
- Twisting - getting in and out of a car can irritate tissues
- Driving - some patients experience unexpected drowsiness that make driving ill-advised

SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. In fact, we will follow up with you. You will be contacted by our practice nurse during the week after surgery to set up your appointment for six weeks after your surgery. Should you have any concerns during your recovery, Dr Sammons is happy to talk and meet with you earlier to address them at any time.

DOES A HERNIATED DISC REOCCUR?

There is a slight chance (5-10%) your surgery will need to be repeated. This may be due to a patient doing too much too soon. (Reoccurrence is significantly higher for athletes who engage in contact or high impact sports.) While there is a risk of needing a second, revision surgery, the benefits of a successful microdiscectomy typically last for many years



Hello!

I'm a Neurosurgeon at North Shore Private Hospital, Gosford Private Hospital, Brisbane Waters Private Hospital and the Sydney Adventist Hospital. I treat all neurosurgical conditions, but with a particular interest in Peripheral Nerve Surgery. I pride myself on providing personalised and thoughtful patient care and utilising my skills to achieve the best outcome possible.

I believe that a great neurosurgeon will ensure you feel listened to, will ensure that you understand what your surgery involves, and should also work together with your GP to achieve the best outcome for you.

Dr Vanessa

MBBS (Hons) MPhil FRACS (Neurosurgery)



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