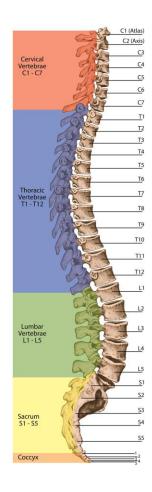


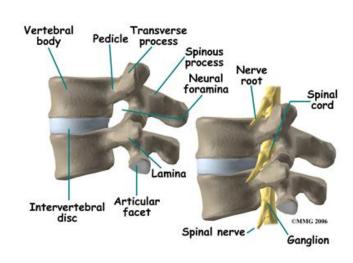
Slipped Disc or Disc Prolapse or Disc Herniation

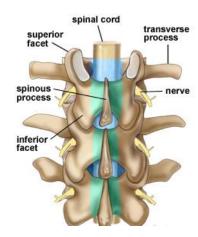
Mr Kalyan's - Education Tool - To Enhance The Understanding

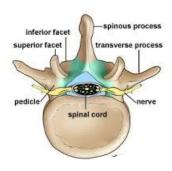


SPINE - ANATOMY













Intervertebral Disc - Anatomy

Inner gelatinous material - Nucleus Pulposus
 Outer Annulus fibrosus
 Cartilaginous Endplate

Posterior
Annulus Fibrosus
Nucleus Pulposus
Annulus Fibrosus
Annulus Fibrosus
Capsular

Transverse section

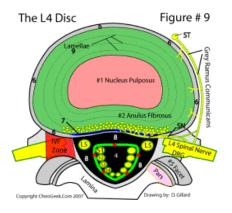
Lamellae

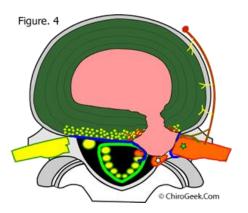






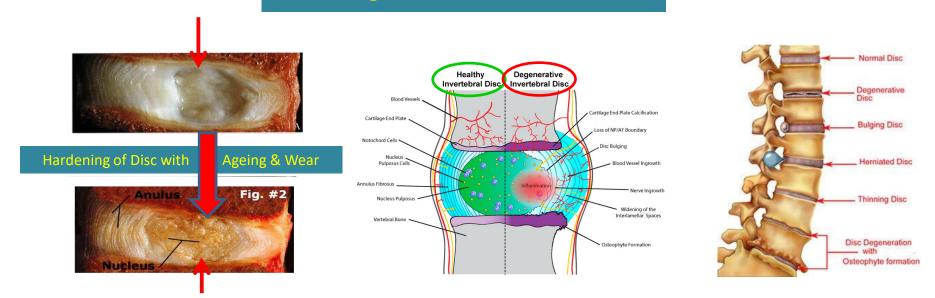
- When you have a 'slipped' (prolapsed) disc, a disc does not actually slip.
- A prolapsed disc is sometimes called a herniated disc.
- What happens is that
 - > part of the inner softer part of the disc (the nucleus pulposus) bulges out (herniates) through a weakness in the outer part of the disc (the Annulus).
- The bulging disc may press on nearby structures
 - > such as a nerve coming from the spinal cord.



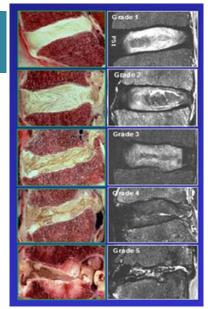




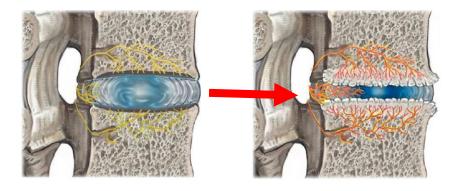
Disc Degeneration - Illustrations



Illustrations of Increasing Disc Degeneration

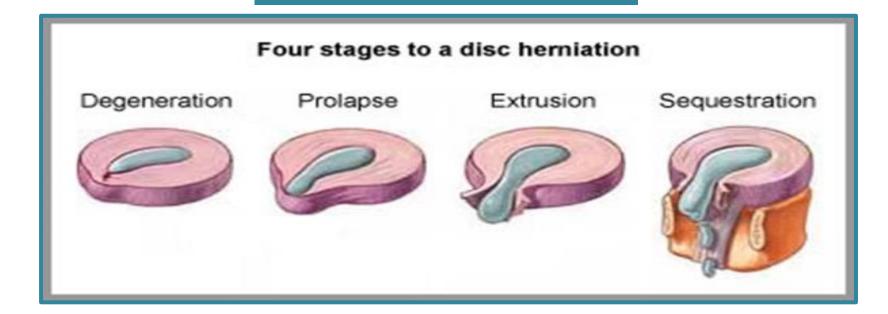


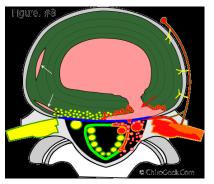
Type of Innervation - ? Changes from Pressure sensor to Pain sensor

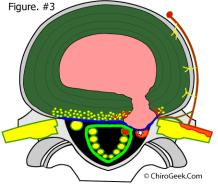


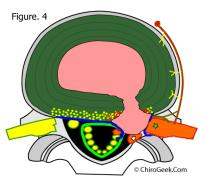


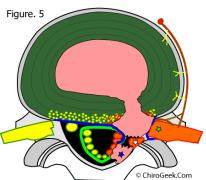
Disc Prolapse / Slip / Herniations Stages / Severity - Illustrations





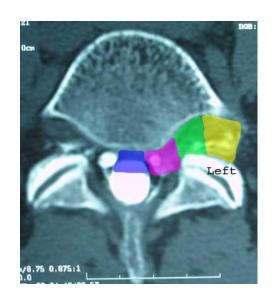




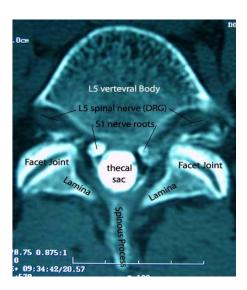


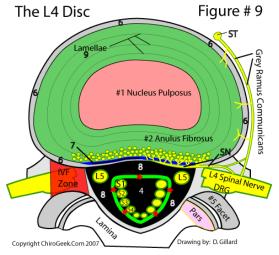
Disc Prolapse – Types / Location

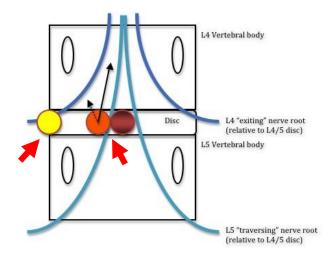


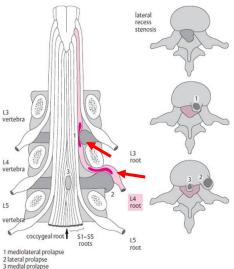


- Central
- Posterolateral
- Foraminal
- Far Lateral









Example of Disc Prolapse – by Locations

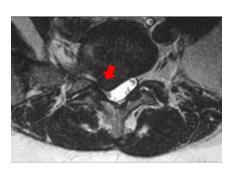


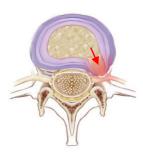
Central

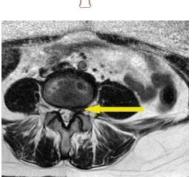


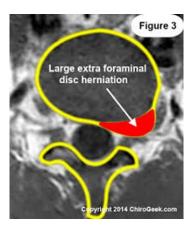


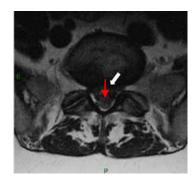




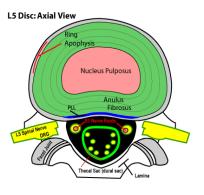






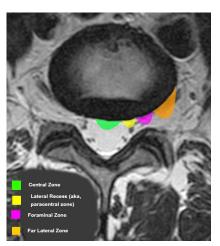


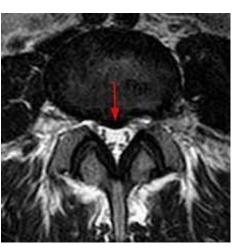


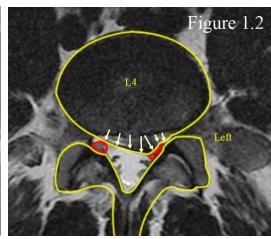


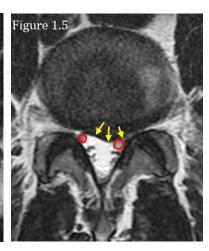


MRI - Cross Section Pictures - Different Kind of Disc Prolapse

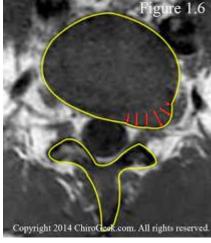














Different components that could cause pain symptoms in Disc Prolapse / Herniations

Mechanical

Physical compression of the nerve

Chemical

 Leakage of inflammatory chemical causing nerve swelling and irritation

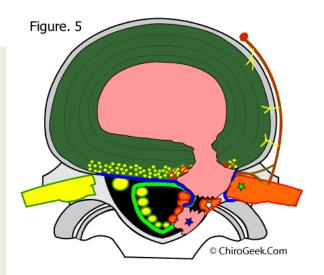
Inflammatory

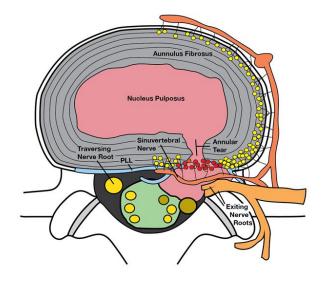
Immunogenic

 Immune system trying to eat away the extruded disc material

Ischemic

 Compression of the blood vessels resulting reducing the blood flow to the nerve







Disc Prolapse - Symptoms & Signs

History

- Onset of Back & Leg Pain
- Traumatic event presides (few)
- Intermittent episode of symptoms before for few months
- Activities Exacerbate symptoms
- Straining, Sneezing, Coughing &
 Sitting (Exacerbate)

History

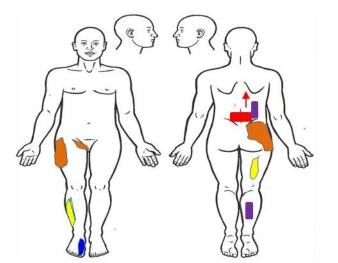
- Pain start in Lumbar area radiate to SI joint / Buttock
- Radicular pain (Leg > Back)
- Referred pain (Aching)
- Radiculopathy
 - Numbness
 - Weakness
 - Bladder & Bowel

Examination

- Limping Gait
- List (Sciatic Scoliosis)
- Range of Motion reduced,
 Aggravate Pain
- Neurological Assessment
 - Sensory
 - Motor
 - Reflex
- Hip & Knee Joint Assessment
- Peripheral Pulses
- Rectal Examination (if Required)

Nerve root Tension Signs

- Positive provocative tests
 - > Straight leg raise (L4, L5, S1, S2)
 - > Femoral Stretch / Prone Knee bend (L2, L3, L4)
- Lumbar extension & Ipsilateral side flexion
 - > may exacerbate radicular pain (Kemp sign)





Possible Types of Pain in Disc Prolapse

Mr R Kalyan

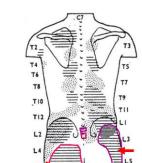
Local

Pain

located at the level of the pathology

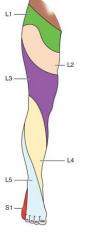


Referred Pain located at the area that shares a common embryological origin with the region involved "Sclerotomal pain"



Radicular Pain <u>Dermatomal pain</u> - located along the dermatomal distribution of a spinal nerve root (sensory fibres)

Dynatomal pain - an area in which pain is felt when a given spinal nerve is irritated.





Claudication
Pain (Neurogenic)

Progressive onset of pain, heaviness, numbness, cramping, tingling & weakness in the low back, buttocks & legs - which is initiated by standing, walking or lumbar extension.

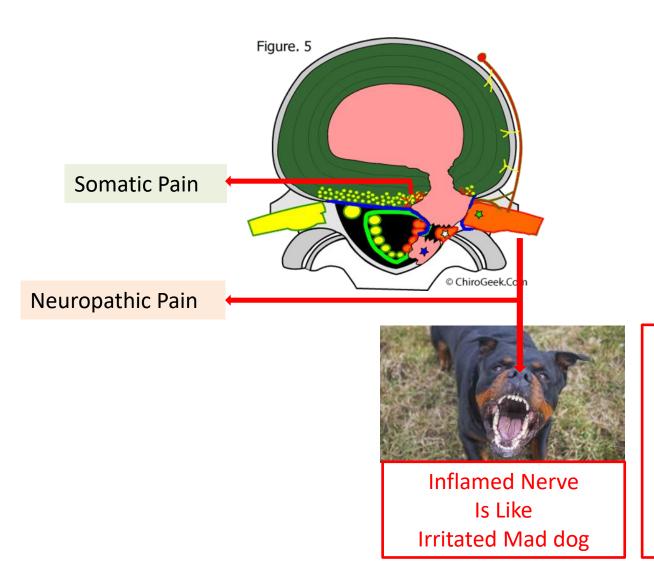








Nerve Pain in Disc prolapse



"Nerve Pain" can be

Excruciating Agonising Unbearable Distressing



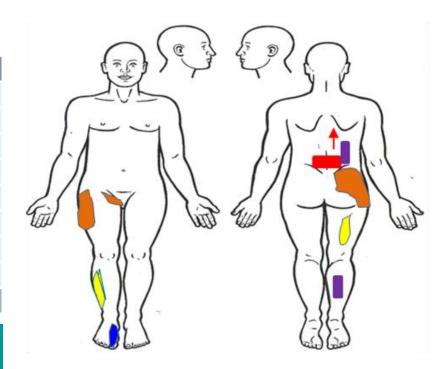


Different Type of pain & their Distributions

RADICULAR VS. REFERRED PAIN

RADICULAR	REFERRED
Leg worse than back pain	Back pain worse than leg pain
Neuro descriptors	Poorly localised
+ve SLR	Dull ache
Below knee	-ve SLR
Loss of function	
Well localised	
Shooting	
Dermatomal	
COULD IT BE BOTH?	

Radicular vs Referred Pain



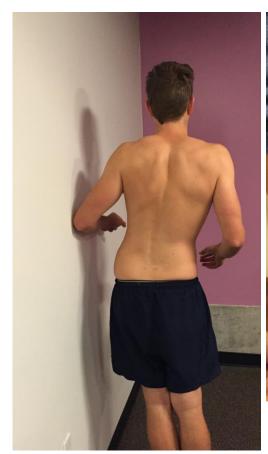


Spinal Shift - To side + / - forward

In spine shift, the body is actively trying to avoid irritation or compression of a spinal nerve root through different mechanisms









Disc Prolapse – Mr Kalyan's Management principles



Mr Kalyan's Keystone for Successful Management is - "PATIENT EDUCATION"

- Improving the Understanding of the Pathology & the reasons for the pain
- To understand both the static & Dynamic elements of their condition.
- How to avoid further damage / irritations / recurrence
- How to enable faster & better Healing
- To understand the Natural progression & Potential Outcomes
- Understanding your front & sidewise balances & their effects
- How to achieve Long-term better Outcome?

 Using Information sheet, Illustrations & Bone Models
- Understanding the Pain mechanisms & essential concepts behind pain
- Improving the knowledge about
 - Different Pain relief strategies &
 - > Action & Usage of different Medications

Using Information sheet, Illustrations & Bone Models

- Activity Modifications (Personalised) & Guidance on Graded activity
- Postural Modifications (Personalised)
- Exercise Modifications (tailored)
- Better Self Managements (tailored)
- Appropriate Reassurances (tailored)
- Return-to-work programmes (Personalised)
- Manual Therapy Physio / Osteo / Chiropractor
- Spinal Injections (10% to 20%)

(use tailored specialised techniques)

- Epidural (Foraminal)
- Nerve root block
- ➤ Medial Branch Block / Rhizolysis (for associated Face joint arthritis occasionally)
- Surgery (< 5%)

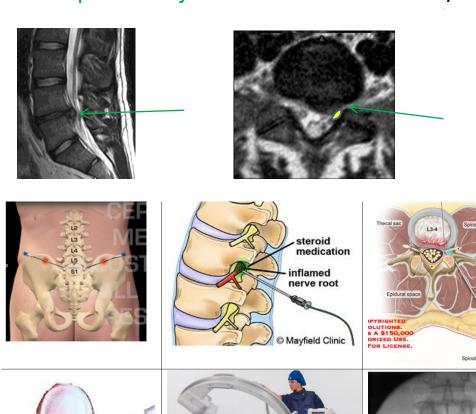
(use tailored Specialised techniques)

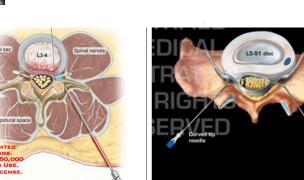
- Decompression + Partial Discectomy +/ -Undercutting facetectomy
- Decompression & Fusion (PLIF/TLIF) Very rarely required

Spinal Injections with Steroid & Local anaesthesia



Epidural Injection - Transforaminal / Nerve Root Block





L4 vertebral body

L 5 vertebral body

compressing the L5 nerve root









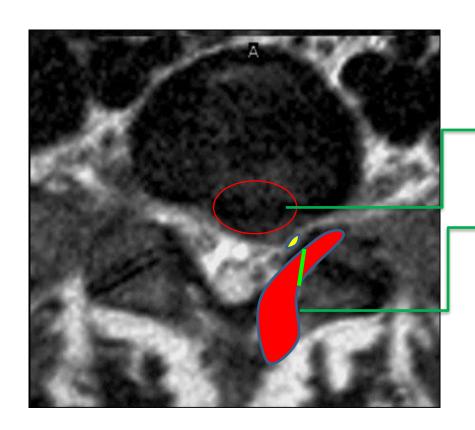
The short red arrow indicates posterolateral L4/5 disc prolapse

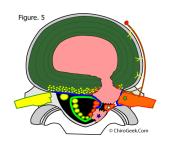
L4 root

✓ L5 root

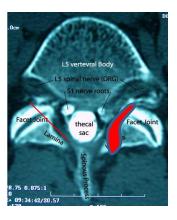
Surgery – Decompression & Partial Discectomy - Principle







Shaving of the Disc Protrusion + the lamina bone +/- inside border of facet joint

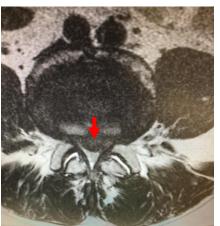




Surgery – Pre & Post Surgery MRI pictures

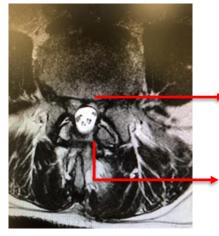


Pre Surgery



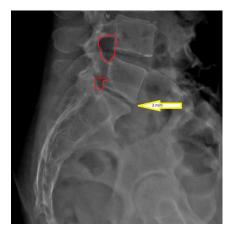


Post Surgery

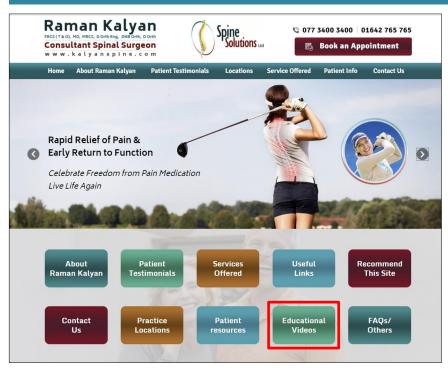


Shaving of the Disc Protrusion +/- the lamina bone / inside border of facets joint

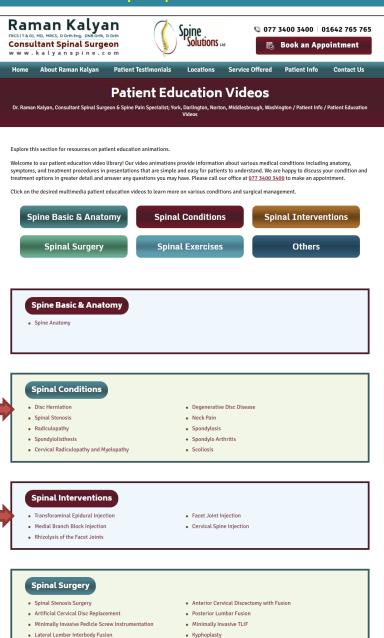




Where to Look for the "Education Video" in www.kalyanspine.com







Scoliosis Surgery

Vertebroplasty

Where to Look for the "USEFUL LINKS" in www.kalyanspine.com

