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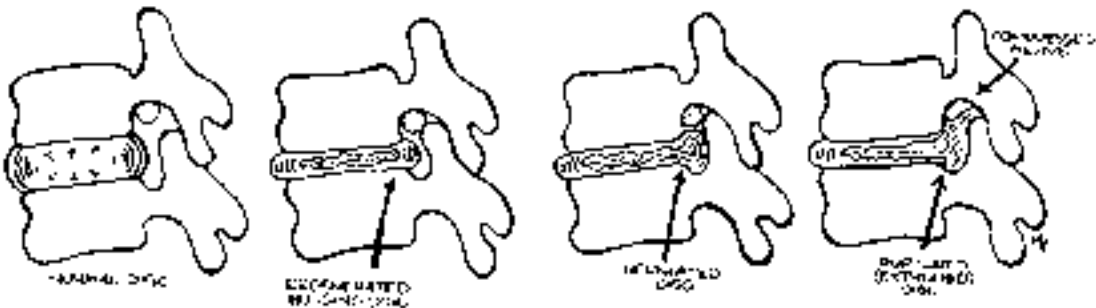
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CHAPTER 5

What You Should Know – And Do – If You Have a Herniated (“Slipped”) Disc

Contrary to the popular myth, discs do not slip out of place from between the vertebrae. What really happens is that the spongy central part (nucleus pulposus) of the disc actually squeezes through ruptures in the outer rim of the disc. Recall in the first chapter how I explained the analogy between a partially flat tire and a degenerated disc. Both the flat tire and the degenerated disc are susceptible to tears in their outer rim and subsequent blowout. In the case of the disc, the spongy center substance actually squeezes through the tears in the outer rim

What is a herniated disc, how does it happen, and why is that important to know? My MRI shows a disc herniation and the doctor told me I need surgery, but the pain is going away, so do I still need the surgery? What causes spinal discs to herniate out of place?



of the defective disc. This is what we call a disc herniation. There are varying degrees of disc herniation: bulging discs, prolapsed discs, extruded discs, and sequestered discs (free fragments).

Disc herniation can occur in any of the 23 discs throughout our spine and in any direction at each disc, backward toward the spinal canal and nerves, sideways, or forward. The most common level of disc herniation in humans is the lowest disc in the low back, between the fifth lumbar disc and the sacrum, the bone that attaches your spine to your pelvis. Most commonly this disc, the L5-S1 disc, herniates backward into the spinal canal and compresses the sciatic nerve, causing pain to radiate down the back of the leg from the buttocks to as far as the bottom and outside of the foot and little toes (sciatica). An L5-S1 disc herniation in your low back can result in leg pain that is worse than any toothache!

One day I received a call at work from a doctor who lived next door to one of my neighbors. My neighbor had called the doctor for help because he was experiencing severe back and leg pain. The pain was so severe that the doctor was concerned that my friend had something terrible, such as a ruptured aneurysm. On the phone I instructed the doctor to slowly lift my neighbor's painful leg to see if it made the pain worse. The doctor could only lift his leg a few inches from the bed without my neighbor screaming with pain shooting down the back of his leg. I suspected that my neighbor had a herniated disc in his low back, pressing on his sciatic nerve.

When I saw my neighbor in the emergency room, his pain was so severe he could hardly move, and after examining him I ordered an MRI scan (more about this test later in this chapter), which confirmed my suspicion that he had a herniated disc. In surgery I found that the disc herniation was pressing directly on the nerve that goes down the back of the leg to the foot. After the surgery, that same day, my neighbor was able to get out of bed by himself without leg pain. He went home the next day and was playing tennis six weeks later.

He has never forgotten how much pain his disc herniation caused or how much relief he had from the surgery, and has remained grateful for my quick diagnosis and treatment. He gave me permission to use his story in this book as an example of how painful a disc herniation can be.