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CERVICAL DISC PROLAPSE

WHAT IS A CERVICAL DISC PROLAPSE?

Spinal discs act as shock absorbers between vertebrae to which they are bonded. A cervical disc prolapse, also known as a 'herniated' or 'slipped' disc, is a condition where a fragment of soft central disc material squeezes out under pressure through a tear in the disc capsule. The prolapse fragment may compress an adjacent nerve root or rarely, the spinal cord (Fig.1).

Fig1. Acute cervical disc prolapse causing spinal cord compression



WHAT ARE THE SYMPTOMS?

A cervical disc prolapse compressing a nerve usually causes sudden or gradual neck pain and stiffness followed by severe pain radiating into the arm, forearm, hand or fingers (brachialgia). This may be associated with numbness, tingling or weakness in the same area. Activities or certain neck movements worsen the pain. If the disc prolapse also compresses the spinal cord, patients may experience leg weakness, poor balance and/or bladder and bowel problems.

WHAT INVESTIGATIONS ARE REQUIRED?

A suspected disc prolapse is confirmed with a spinal Magnetic Resonance Imaging (MRI) scan which shows spinal structures in great detail. X-rays are not useful for this condition and involve unnecessary exposure to radiation.

WHAT ARE THE TREATMENT OPTIONS AND PROGNOSIS?

Most patients will improve with conservative treatment including reduced activity and pain medication. Gentle neck traction physiotherapy may also help relieve the pain for short periods. These simple measures can lead to a full recovery in

up to 80% of patients within four to six weeks. Forceful spinal manipulation techniques should be avoided as this has the potential to aggravate or damage the compressed nerve root or spinal cord.

There are several situations where your doctor or spine therapist may recommend an appointment with a consultant spinal surgeon for further advice:

- Failure to improve after four to six weeks of conservative treatment
- Intolerable, disabling or worsening pain
- Arm or hand muscle weakness
- Bladder or bowel problems
- Difficulty with walking and poor balance

Depending on the severity of the symptoms, the surgeon may advise a steroid nerve block or an operation. The aim of surgery is to remove the disc prolapse through a minimally invasive 'open' operation to relieve the pain and restore arm function. The procedure recommended by your surgeon will depend on several factors including the size and location of the prolapse, the presence of spinal cord compression, the overall condition of the spine on the MRI scan, and also the surgeon's experience and preference.

There are two main types of operation for a cervical disc prolapse. The surgeon may either recommend a Cervical Foraminotomy operation, which is performed through the back of the neck, or an Anterior Cervical Discectomy Fusion performed through a small incision at the front of the neck.