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## Is Discectomy Spine Surgery Right for My Sciatica?

A discectomy is an invasive surgical procedure that removes herniated disc material that is protruding into the spinal canal and pressing upon nerve tissue. This pressure can cause numbness, weakness, tingling, or mild to severe pain in the back and leg.

Is Discectomy Spine Surgery Right for My Sciatica?

Simple questions that most of you do not know the answers to. The big five questions you need to know are: 1 - How far does your sciatica travel?

In most circumstances conservative sciatica treatment is tried for three to six months. When conservative sciatica treatment fails to alleviate your pain more aggressive **sciatica** treatment options are usually attempted. Epidural Steroid Injections: An injection of a corticosteroid medication to the affected area may be helpful in some instances. If taken in doses that exceed your natural levels, inflammation is suppressed relieving painful symptoms caused by the pressure of the inflammation. Most effective when used in conjunction with a sciatica treatment rehabilitation program. Because of the serious side effects that corticosteroid injections can cause, the number of injections you can receive in a year is usually limited to no more than three. Surgery: Surgery is most often a last resort and left until the compressed nerve causes significant weakness, loss of bowel or bladder control, or if the pain itself is progressing and conventional *sciatica* treatment is not working. Most often surgery is performed as a sciatica treatment to remove a portion of a herniated disk that is pressing on a nerve. The goal is to preserve as much of the normal anatomy as possible, leaving as much of the disk intact as possible.

As a result, the patient can experience less pain and a quicker recovery. Not all patients are able undergo discectomies or microdiscectomies. A lot has to do with the particular nature of the patient's herniated disc.

The quality of pain may vary. There may be constant throbbing, but then it may let up for hours or even days; it may ache or be knife-like. Sometimes postural changes like lying down or changing positions affect the pain, and sometimes they don't. In severe cases, sciatica can cause a loss of reflexes or even a wasting of the calf muscles.

If it travels right down your leg does that mean it is more serious than pain in the buttock. If it is serious what should you do? 2 - How long have you had your back pain?

Sciatica profiles are a simple way you can assess your sciatica to determine if it is serious or not. Whether you need to seek help or if you can help your self at home. Should you be active or not, and if you need to be active which activities are best.

Is it chronic or acute? Does this mean you will end up living with sciatica if you have had it for years? Will it continually get worse? 3 - What type of pain do you have?

To complicate matters, although **sciatica** pain is usually in the back of the legs or thighs, some people may feel pain in the front or side of the legs or even in the hips. For some, the pain is in both legs: bilateral *sciatica*!

As a Board Certified Chiropractic Neurologist, I take a different approach to the treatment and prevention of *sciatica*. After a thorough neurological exam, I determine which part of the nervous system is not functioning properly. In many sciatica patients, I find a high mesencephalic output.

In most people, self care measures is usually recommended a sciatica treatment as this usually responds well. Continuing with your usual activities but avoiding the original factor that aggravated your **sciatica** pain in the first place will help you to heal more quickly. Even though it seems like a few days of bed rest may provide some relief, any more then this is not a good idea. Inactivity will make your symptoms worse over time. In addition to self care sciatica treatment, try some of the following: Cold Packs: Cold packs help to reduce inflammation and relieve some of the discomfort. In a clean towel, wrap an ice pack or a bag of frozen peas and apply to the affected areas for fifteen to twenty minutes four times per day. Hot Packs: After 48 hours have passed, apply heat to the affected areas. Warm packs or a heating pad on the lowest setting should help to alleviate some of the pain. Try to alternate warm and cold packs if you continue to have pain. Stretching: When stretching initially after your sciatica flare up, stick to passive stretching and avoid jerking motions including bouncing or twisting. Over The Counter Medication: There are two categories of pain killers. The first one only relieves pain. The second type of pain killer relieves pain as well as treats inflammation. These are called Nonsteroidal anti-inflammatory drugs. Products such as aspirin, ibuprofen and acetaminophen products such as Tylenol can help to relieve sciatica pain. These can provide real pain relief but there is a limit to how much pain can be controlled. This is known as the ceiling effect - exceeding the recommended dosage wont provide better results. Worse though is that these NSAIDS are known to cause side effects in some people such as nausea, stomach bleeding or ulcers. Acetaminophen has been known to cause liver problems if taken in excess. If you use these medications on a regular basis talk to you health care professional so that you can be monitored for problems associated with prolonged usage. If you are exercising, stretching or following another sciatica treatment program you should periodically re-evaluate if you still require these NSAIDS for pain management. Prescription Drugs: A muscle relaxant along with anti-inflammatory medications may be prescribed by your health care professional. In some cases of chronic pain anticonvulsant and tricyclic antidepressant drugs may also be prescribed. By blocking the pain messages being sent to your brain or enhancing the bodies production of endorphins, pain symptoms can sometimes be handled this way. Your bodies natural painkillers are called endorphins. Physical Therapy: Physical therapy can play an important part in your recovery from a herniated disk. When your condition improves your physical therapist can work with you to help design a rehabilitation program that will help you prevent the same injury in the future. Regular Exercise: When you injure yourself you think that movement or exercise would be counterproductive and all you want to do is just lay down and rest until the pain goes away. The truth is that regular exercise is the best way to combat many ailments, including chronic discomfort. When you exercise your body releases endorphins. Endorphins are the chemical that prevent pain signals from reaching your brain and can also help to fight against anxiety and depression. Your pain may be more difficult to control if you suffer from either depression or anxiety.

If your sciatic nerve becomes inflamed, the condition is called sciatica (pronounced si-ad'-i-ka). The pain can be intense! It often follows the path of your nerve - down the back of your leg, ankle, foot, and toes - but it can also radiate to your back! Along with burning, sharp pains, you may also feel nerve sensations such as pins-and-needles, tingling, prickling, crawling sensations, or tenderness. Ironically, your leg may also feel numb!

This article is not meant to replace the advice of your personal health care provider. Be sure to consult with your physician to explore all your back pain treatment options before taking any medical course of action.

Microdiscectomy Alternative A newer, less invasive form of discectomy is also now available. This procedure is called a microdiscectomy and uses special magnifying and muscle-spreading instruments to allow the surgeon to view and operate on the herniated disc region. The surgeon can then perform the procedure through a smaller incision and cause less damage to the surrounding muscle and tissue.

Different pain characteristics help you understand the actual cause of your pain and what you need to do to remove it. Do you know which type you have?

Discectomy surgery is a common treatment for herniated or ruptured discs of the lumbar spine and may be used for back pain sufferers who have not responded to traditional non-surgical treatments such as anti-inflammatory medication, physical therapy, traction, spinal decompression, and epidural steroid injections.

What Happens In A Discectomy? In a traditional discectomy -- often referred to as an open discectomy -- an incision is made in the patient's back over the herniated disc region. Muscle tissue around the herniated disc is removed and a retractor may be used to keep the muscle tissue and skin out of the way which gives the surgeon better access to the surgical area. In some cases, some of the vertebrae bone -- called the lamina -- may need to be removed to allow the surgeon better access to the disc. This procedure is called a laminectomy. Once the herniated disc fragments have been removed, the muscle tissue is put back and the surgical incision is closed with sutures.

About the Author:

For more information on discectomy alternatives see DRX9000 spinal decompression for **sciatica** at <http://www.drx9000-spinal-decompression.com>, a popular site with free info on the DRX9000 and other back pain treatments.

Sciatica is scary, the pain travels down your leg and stops you performing you daily tasks. You once could jump out of bed and do everything you wanted to do, from putting in 100% effort at work to playing with your children.

5 - How did you back pain start? Falls, injuries, a slow or sudden build up of sciatica. These can determine whether you should seek help or whether you can help your self at home. This is vital information.

There are three parts to the brain stem: top, middle and lower. The mesencephalon is the top part of the brain stem. A high output of the mesencephalon will cause an increased pulse and heart rate, the inability to sleep, or a waking, fitful sleep. Other symptoms might include urinary tract infections, increased warmth and sweating, and sensitivity to light. Along with a high mesencephalic output, the migraine patient may present with a decreased output of the cerebellum. The cerebellum controls balance, coordinated movement, and the involuntary muscles of the spinal column.

Is this likely? Or is your sciatica only minor? Knowing the answers to these sciatica profile questions helps to dispel your fears and frustrations about sciatica. You can then relax knowing with confidence you do not need to be scared of your sciatica.

Herniated Discs Here is a simplified explanation of what happens with a ruptured or herniated disc. The disc itself is kind of like a soft jelly-filled donut. The outer wall of the disc is called the annulus fibrosus and the inner part of the disc -- the jelly part -- is called the nucleus pulposus. When the outer part of the disc becomes weakened, it can tear and allow some of the inner nucleus pulposus to leak out. When this inner jelly presses on the surrounding nerve tissue it can weakness, tingling and pain in the back and legs.

4 - Does your sciatica get worse or better with activity? Should you rest or be active? Does it make a difference to how fast you will heal? What activity is best to do?

The answers to these questions are essential if you want relief from your sciatica. After all the biggest fear is that you will never be free of your sciatica pain, that you will need up needing surgery and therefore never get back to full activity.

For sciatica sufferers, a good night's sleep may be a thing of the past. Simple things like walking, sitting, or standing up can be difficult or impossible.

If you knew the answer to some simple questions then you can easily determine whether you need help, if your sciatica will ease quickly or if you have something actually to be scared of.

No matter what the condition, it is imperative that the chiropractic neurologist performs a thorough and comprehensive exam to determine the exact nature of the patient's condition.

Before being considered for either type of surgery, the doctor will typically have an imaging study performed such as an MRI (magnetic resonance imaging) or a CT (computed tomography) scan in order to help diagnose the specific cause of the problem. Discectomy and microdiscectomy procedures are normally done in a hospital under general anesthesia. In some cases discectomy can be performed in an outpatient surgical center.

The scariest thing now is your **sciatica** may never disappear. You may need up needing surgery or spend a life time with that nagging back pain. You may be worried now that your as your flexibility diminishes, there is no hope.

Do you know if your Sciatica is a worry? Should you be scared? Complete this Sciatica Profile to assess how bad your sciatica is, and its free!

Are you one of the over 80% of adults suffering from back pain? Then you need simple, valuable and expert advice. Dr Graeme Teague is an expert in the structural field, and has been in practice since 1991 - visit The Back Pain Advisor - <http://www.back-pain-advisor.com> for valuable and expert advice, tips and information on your back pain issues.

David Lind

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