

## Orthopedic Surgery Second Opinions™ Consultation

*Date:*

*Patient:*

### **Discussion:**

A request is made regarding the need for surgery after a diagnosis of a herniated lumbar disc.

There are limited medical files and information provided.

The patient presents medical documentation and history of pain that has been present for some time and a worsening of discomfort since June, 2023. There is no description of the type of pain or its location. There is no description of any prior treatments or interventions.

Surgery has been recommended in the form of a microdiscectomy. Weight loss has been advised as the patient is 50 lbs. overweight.

An MRI is personally reviewed. It does reveal evidence of lumbar arthritis at the levels of L4-S1. Significant degenerative changes are present at L5-S1. There is also degenerative disc disease with mild disc protrusion at L5-S1. A herniated disc is apparent at L4-5 without significant compression of the dural sac.

There is no EMG or neurologic test to confirm that the pain is from the disc pathology.

There is no detailed exam to confirm that the pain is from the disc pathology or from the degeneration at the L5-S1 level.

### **Recommendations:**

The decision to perform any disc surgery must be made in the presence of a complete and detailed medical workup to confirm that the pain generator is from the pathology being treated.

Many conditions will give lower back pain and the presence of a herniated disc does not confirm or guarantee that this pathology is the reason for the pain. A review of the MRI does indicate that the L5-S1 area has a fair amount of degenerative disc pathology and arthritis. This condition will lead to an achy pain, stiffness and discomfort that will not be helped with disc surgery at the L4-L5 level. Indeed, it may be exacerbated by the need for recovery from the surgery and potential biomechanical changes that occur after the disc is removed.

Specific indications for surgery would be altered bladder and bowel function and progressive neurological

deficits such as motor weakness or sensory deficit in the lower extremities. Surgery should also be considered in patients with radicular pain that persists after an adequate course of conservative management.

Prior to any surgery, the following is needed and necessary:

- 1.) Confirmation that the pain and discomfort is consistent with an L4-5 disc. The pain should be radiating to either left leg, right leg or both. The pain should go down the back of each leg to the foot. Radicular pain may also be accompanied by numbness and tingling, muscle weakness and loss of specific reflexes.
- 2.) An EMG or nerve conduction test should be performed to confirm that the L4-5 nerve is being compromised and compressed.
- 3.) A trial of non-surgical intervention to improve symptoms and confirm the level of the conditions. An Epidural Steroid Injection at the L4-5 level should provide short term relief and confirmation that the pain is coming from that level of pathology. If there is no relief of pain, the injection might be performed at the L5-S1 level. If the pain is improved, then surgery at the L4-5 level will not help relieve the symptoms.
- 4.) Directed physiotherapy aimed at postural strengthening and core exercises have been proven to improve discomfort.
- 5.) An anti-inflammatory may be used for acute discomfort and pain. The short term use of an NSAID will help if the pain is coming from the L5-S1 arthritis.
- 6.) As there is no clear evidence of nerve compression, a delay in surgery is reasonable to try alternative approaches. If symptoms of nerve compression occur, such as loss of bowel or bladder control, or weakness and numbness in the legs, then intervention would be needed.

**Answers to patient's questions:**

Based on the limited information, surgery at this time is not urgent.

Prior to surgery, it is strongly recommended to obtain and perform the following:

- 1.) Confirmation that the symptoms are consistent with an L4-5 disc pathology.
- 2.) An EMG to confirm that the radiculopathy is from the L4-5 nerve roots.
- 3.) An epidural steroid injection to confirm that the pain generator is from the L4-5 level and not the L5-S1 pathology.

4.) A trial of medication aimed at arthritis to determine if the condition is related to the arthritis.

5.) Physio therapy aimed at strengthening the core muscles and postural strengthening.

**References:**

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**Additional:**

Based on the limited information provided, urgent surgery is not indicated nor needed at this time. The disc is not compressing the neural sac and there is no evidence of acute neurologic dysfunction.

Additional testing is needed to confirm the source of the back pain and ascertain that the L4-5 disc is the reason for the discomfort. This would include an EMG. A conservative approach of therapy, weight control and an epidural steroid injection with a NSAID is warranted prior to intervention.

*Electronically Signed by:*

*Board Certified:*

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