

River Cities Interventional Pain Specialists

Since 2004 Dr. Randall P. Brewer has been in clinical private practice in Shreveport, Louisiana and maintains academic appointments at Duke University and Louisiana State University, where he routinely lectures in the areas of Pain Medicine and clinical Neuroscience in the Department of Neurology and the Medical school. He is board certified by the American Society of Anesthesiologists, the American Board of Pain Medicine, and the American Board of Psychiatry and Neurology.

Dr. Brewer and his multi-disciplinary team of highly skilled nurses and physician extenders provide comprehensive pain management treatment solutions to treat chronic pain disorders. The team works collaboratively with patients and area providers to develop individualized treatment plans and attainable goals. . These strategies help patients to effectively address a wide range of chronic pain disorders.

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TOP TEN QUESTIONS ABOUT...



LUMBAR DISC DISORDERS

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1. What is a lumbar disc?

Lumbar discs are cartilage and connective tissue “spacers” in between the large bones in the lower spine.



2. What does it mean to have a “degenerated disc?”

Disc degeneration is a very common condition. Over time, the discs in the low back can become less elastic and begin to bulge or even “herniate.” The cause of disc degeneration is not known exactly, but many factors may contribute to degeneration of the discs.

3. My doctor told me that I have a bulging disc, is that what is causing my back pain?

Like disc degeneration, bulging discs are very common. Occasionally these disc bulges are determined to be a source of low back pain. Research has shown that most people get disc bulges as they get older, even if they have not experienced low back pain.

4. What is the difference between a bulging disc and a disc “herniation?”

A bulging disc is a disc that is degenerating in a broad direction (usually towards the spinal canal). A herniated disc is a protruded part of the disc that is beginning to separate from the main center of the disc. Most experts agree that a herniated disc is more likely to be painful than a bulging disc.

5. What is an acute disc herniation?

An acute disc herniation is a condition that is associated with increasing pain over a short period of time. The pain very often goes down the leg. Pain from an acute disc herniation, while severe, can often be controlled without surgery to remove the herniated discs.

6. If I have a herniated disc, when should I see a surgeon?

This is a situation that should be discussed with your Pain Specialist. Surgery is strongly recommended when the pain is accompanied by numbness and weakness in the leg that is worsening. Difficulty with urine and bowel functions is an indication for immediate surgical consultation. Non-urgent recommendations for surgical referral are dependent upon the particular aspects of your disc disorder, prior treatments, activity levels, and the expected outcome from the surgery. You should discuss your case carefully with your Pain Specialist if you are considering a consultation for surgery.

7. After a disc herniation, will a disc ever go back in place?

While the pain associated with most disc herniations resolves over a period of one to three weeks, it is very likely that the disc will remain abnormal and a portion will remain “herniated.” The cause for the sudden pain is generally believed to result from inflammation that is caused by the separation of the disc material from the center. Anti-inflammatory medications and injected steroids may work by reducing the inflammation around a herniated disc.

8. How can a disc herniation in my back cause pain in my leg? Isn’t that “sciatica”?

The discs in the low back are located very close to the nerves which go to the legs. These nerves can become “pinched” when a disc protrudes into the nerve. This condition is also believed to be associated with inflammation. The inflammation of the nerve causes pain in the distribution of the nerve’s “territory.” The “sciatic” nerve is the largest nerve in the body and travels from the low back to the foot. “Sciatica” is the old term used for episodes of pain that begins in the back and goes down the leg.

9. I had surgery for a ruptured disc, can it herniate again? I thought it was taken out.

Surgery for a ruptured disc usually does not remove the entire disc. Most surgeries involve taking out enough of the herniated disc material to relieve the pressure around the nerves in the back. Uncommonly, a disc that was partially removed by surgery can “re-herniate” which means that another portion of the degenerated disc has separated from the center of the disc.

10. I have heard of “disc replacements.” Can you tell me more about that?

Physicians have been using joint replacements, such as the knee or hip, for decades to replace degenerative joints. Technology advances and operative techniques have allowed the development of devices that can be placed in the spine to function as “artificial discs.” This technology is very new, and is generally reserved to very specific types of disc disorders. Researchers are still gathering data about the long term benefits. If you would like to learn more about the procedure, you may wish to discuss this option with your doctor to determine whether the procedure is appropriate for your condition, and available in your area.