

Cervical disc herniation

and how they can be managed

Webinar for GPs, 17 April 2024



Dr Ralph Stanford

ORTHOPAEDIC SPINE SURGEON



- Spinal surgeon with over 20 years' experience
- Head of Department of Orthopaedics and Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital
- Conjoint Senior Lecturer at the University of New South Wales
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA) and a member of Spinal PFET.

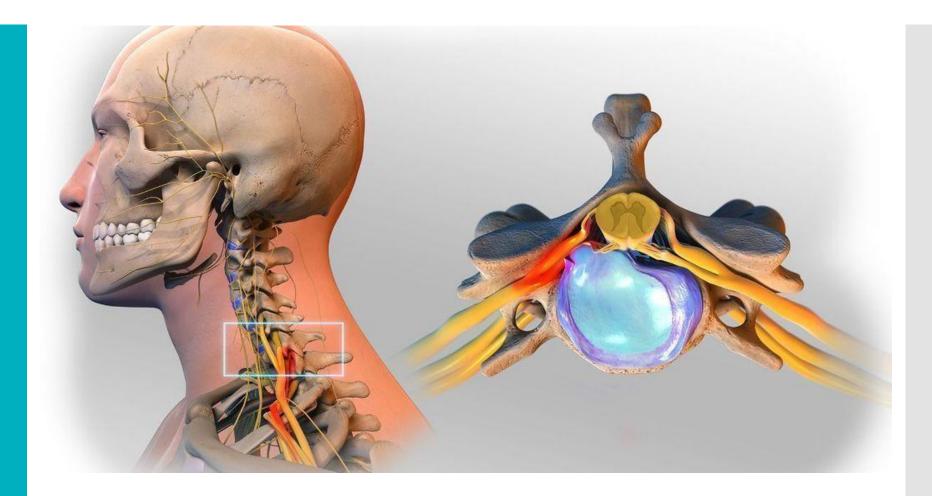
Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.

If you have any questions about a patient, please feel free to call me on <u>02 9650 4893</u>. I will return your call and discuss how we can help.



Cervical disc herniation

Patho-anatomy



Inflammatory effects generate acute radicular pain



Clinical picture

- Abrupt onset
- Often wake with 'cricked neck' and pain
- May be result of injury
- Back of shoulder
- Shooting to upper limb
 Tingling, numbress

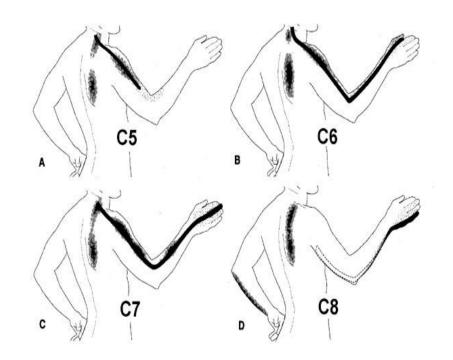






Nerve roots

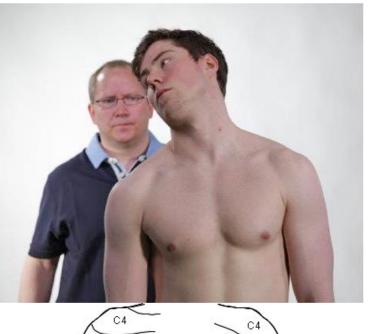
- C5 to lateral shoulder and arm (mimic shoulder disease)
- C6 to thumb
- C7 to index finger
- Should affect dorsum as well as palmar aspects of hand
- Carpal tunnel syndrome
 - May have pain whole upper limb
 - Numbness is restricted to palm

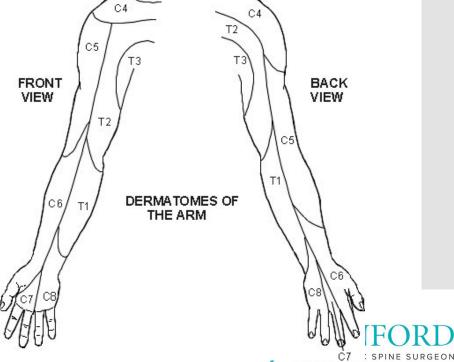




Signs

- Spurling's nerve irritation
- Weakness
 - C5 elbow flexion
 - C6 wrist extension
 - C7 finger extension
- Altered sensation





Natural history

Pain quite severe for a few weeks

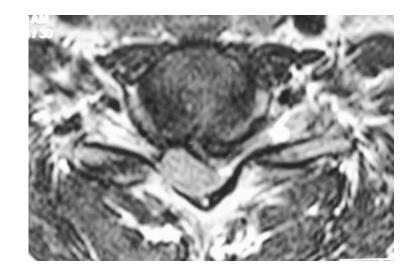
Resolution 3 – 6 months

At 2-3 years almost all have minimal or no symptoms



Imaging

- CT scan OK
- MRI scan much better





Management

- Explanation and reassurance
- NSAIDs, paracetamol
- Opioids sparingly
- Nerve root sleeve injection cortisone
- Low impact activity
- Therapy



Surgical intervention

- Persistent severe pain
- Significant or progressive motor deficit
 - 3/5 or worse



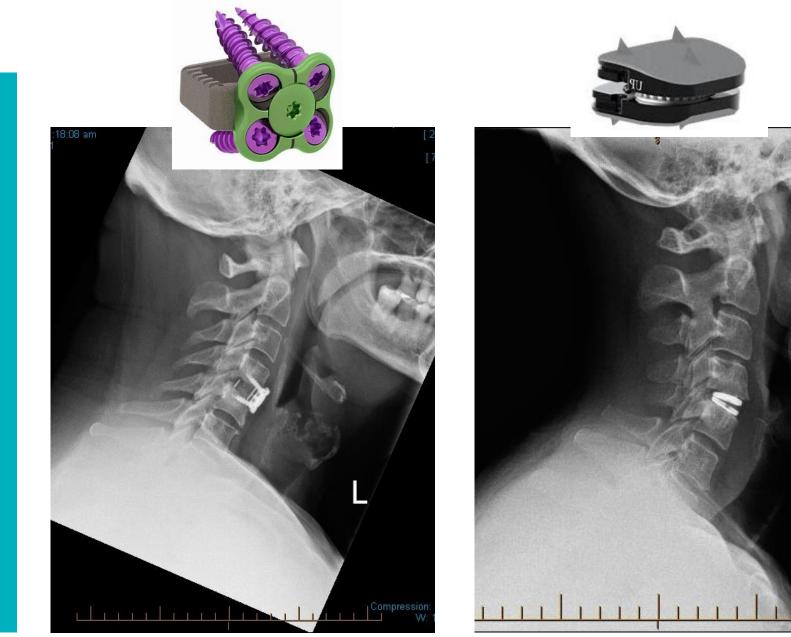
Anterior discectomy







Fusion or disc replacement





Recovery

- 2-3 days in hospital
- No collar
- Swallowing discomfort few days
- Non manual work 2 3 weeks
- Manual work 6 12 weeks, less for disc replacement



Q & A

- > A **recording** of the webinar will be available on my website
- Further resources for GPs are available at <u>https://spinalsurgeonsydney.com.au/for-referrers</u>
- To receive future resources via email, send your name and email address to info@powspine.com.au



As always if you have any questions about a patient, please feel free to call me on <u>02 9650 4893</u>. I will return your call and discuss how we can help.

You can also reach me via <u>ralphstanford@powspine.com.au</u>.

