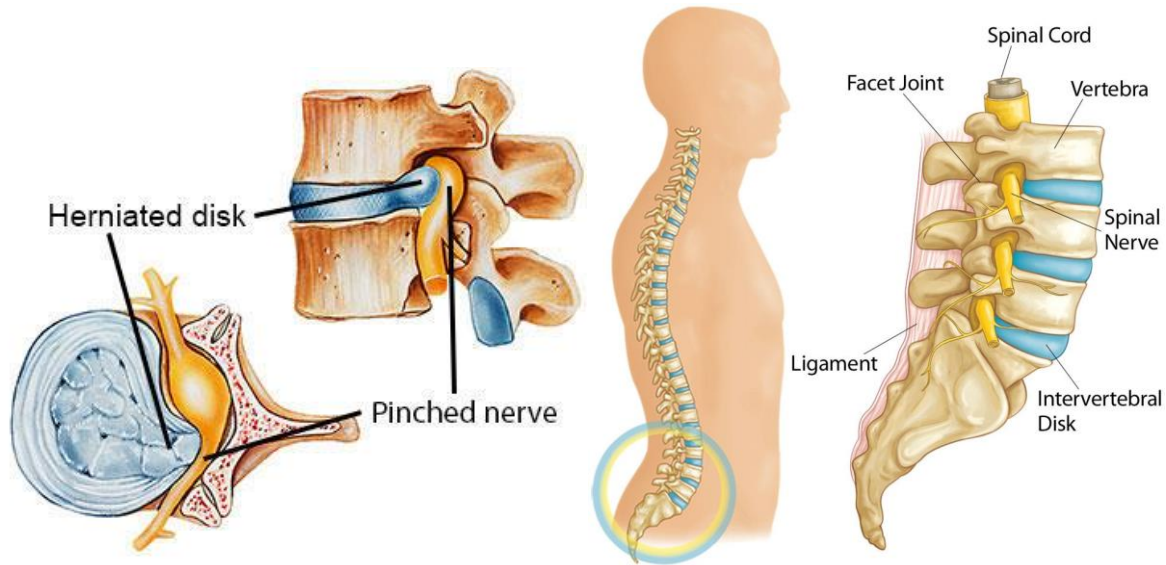


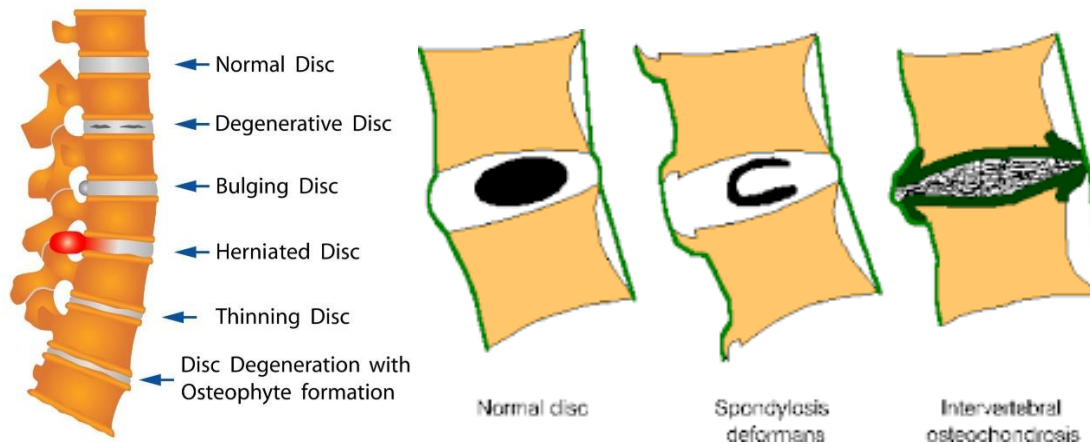
## Lumbar discs and lumbar disc pain:

The lumbar spine contains five collagenous discs in between the adjacent vertebral bodies. Each disc contains an inner nucleus pulposus surrounded by a tougher fibrous ring called the annulus fibrosus. The lumbar discs give height to your spinal column, provide flexibility and act as cushions between the vertebral bodies.



The outer rim of the annulus fibrosus contains pain fibers. Therefore, a lumbar disc can be a significant source of low back pain. In fact, lumbar disc pain accounts for the vast majority of chronic low back pain syndromes (roughly 70%) in younger and working age individuals from the teenage years to the late 40s/early 50s.

Lumbar disc pathology (disease) can present in several forms on imaging. **Degenerative disc disease** (internal disc disruption or intervertebral osteochondrosis), **tears of the annulus fibrosus** and **disc herniations** are the most common forms of disc pathology that can cause pain. Also, it is important to note that throughout a person's life the lumbar discs will go through a normal aging process (spondylosis deformans) that may be misinterpreted as pathology. It is important to consult your clinician at Buffalo Spine and Sports Medicine. They can review your imaging studies with you and explain the difference between age-related changes and disc pathology.



Patients with lumbar disc pain may complain of centralized low back pain, muscular spasms in the low back and buttocks and even pain, numbness, tingling and weakness in one or both legs if the adjacent nerve root(s) are irritated. Typically, patients will complain of pain being worse with sitting, getting up from sitting, bending over at the waist, lifting and twisting. Even coughing or sneezing may be associated with a painful disc. Patients may prefer to stand and/or adjust their sitting position often with a painful disc.

Most patients with lumbar disc pain are able to manage symptoms conservatively with over-the-counter anti-inflammatories (NSAIDs), analgesics (Tylenol), rest and specific exercises designed to stabilize the lumbar spine and protect the lumbar discs (see separate section on exercise). For more severe symptoms oral steroids (Prednisone, Medrol), muscle relaxers, and in rare cases, a short course of opioids may be needed. You should consult one of our specialists if your symptoms do not seem to be improving.

When patients have symptoms in one or both legs consisting of pain, numbness/tingling this is called, "sciatica." The medical term for this is, "radiculopathy." Radiculopathy is commonly associated with lumbar disc herniations. If you have radiculopathy, you should see one of our clinicians to manage your symptoms and ensure you sensation and strength in the legs is monitored. Sometimes patients will need a common lumbar procedure called a lumbar epidural steroid injection to get control of their sciatica.

