

NURSING MANAGEMENT OF HERNIATED DISC

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Abstract

The backbone, or spine, is composed of a series of connected bones called “vertebrae.” The vertebrae surround the spinal cord and protect it from damage. Nerves branch off the spinal cord and travel to the rest of the body, allowing for communication between the brain and the body. The brain can send a message down the spinal cord and out through the nerves to make the muscles move. The nerves also send information such as pain and temperature from the body back to the brain. The vertebrae are connected by a disc and two small joints called “facet” joints. The disc, which is made up of strong connective tissues which hold one vertebra to the next, acts as a cushion or shock absorber between the vertebrae. The disc and facet joints allow for movements of the vertebrae and therefore let you bend and rotate your neck and back. The disc is made of a tough outer layer called the “annulus fibrosus” and a gel-like center called the “nucleus pulposus.” As you get older, the center of the disc may start to lose water content, making the disc less effective as a cushion. As a disc deteriorates, the outer layer can also tear. This can allow displacement of the disc’s center (called a herniated or ruptured disc) through a crack in the outer layer, into the space occupied by the nerves and spinal cord. The herniated disc can then press on the nerves and cause pain, numbness, tingling or weakness in the shoulders or arms. Your doctor may test for changes in the reflexes, sensation and strength in your arms caused by the herniated cervical disc. Rarely, the herniated disc may put pressure on the spinal cord, causing problems in the legs as well. The doctor’s diagnosis can be confirmed by using X-rays, CT scans or MRIs. The X-ray can show bone spurs and narrowing of the disc space as the spine ages and deteriorates, but cannot show a disc herniation or nerves in the spine. The CT and MRI scans provide more detailed pictures of all the spinal elements. Your doctor may prescribe nonsurgical treatments including a short period of rest, a neck collar, anti-inflammatory medications to reduce the swelling, analgesic drugs to control the pain, physical therapy, exercise or epidural steroid injection therapy. Surgery treatment For patients whose pain does not improve with the previous treatments, surgery may be necessary. The goal of surgery is to remove the portion of the disc that is pushing on the nerve. This is done by a procedure called a discectomy.