

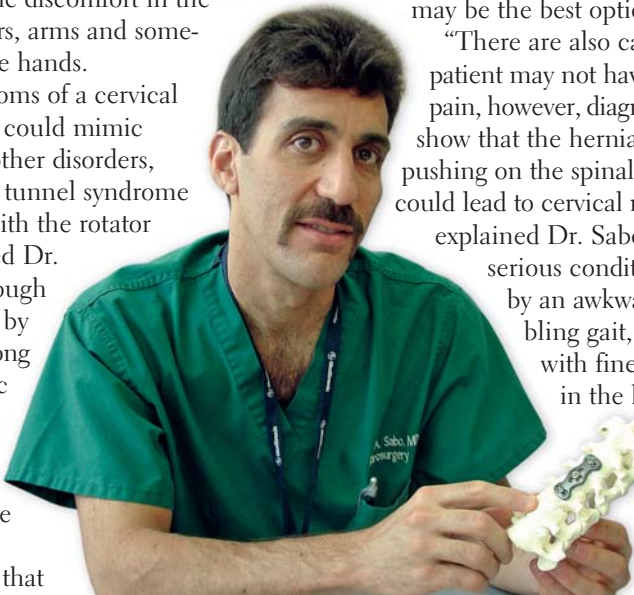
Cervical Herniated

*y*ou might notice the pain following a car accident, or, it may have seemed to start suddenly, as a result of years of wear and tear. Whatever the cause, one thing is for sure. That sharp pain in your neck or between your shoulder blades that sometimes radiates down your arm to your fingers is a symptom that is difficult to ignore.

“These symptoms are a classic sign of a cervical herniated disc,” said **Dr. Robert A. Sabo**, a neurosurgeon on the medical staff of SOCH who specializes in spinal surgery. “A patient might also experience numbness or tingling in the shoulder or arm. Plus, certain positions or movements of the neck can intensify the pain.”

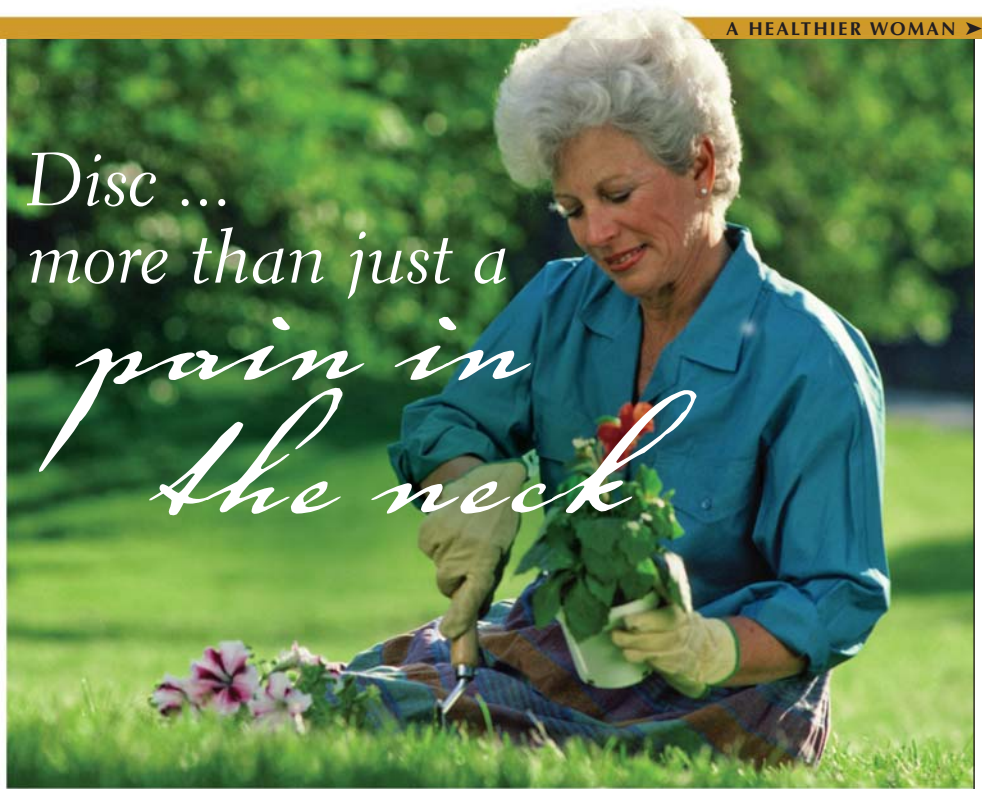
According to Dr. Sabo, the cervical spine begins at the base of the skull and supports the weight of the head. In between each of the seven vertebrae of the cervical spine are soft pads, called cervical discs, which act as shock absorbers and allow for movement of the head. A common cause of neck pain is a rupture, also known as a herniation, of the cervical disc. The rupture puts pressure on the nerve root of the spinal cord, causing mild to extreme discomfort in the neck, shoulders, arms and sometimes, even the hands.

“The symptoms of a cervical herniated disc could mimic symptoms of other disorders, such as carpal tunnel syndrome or problems with the rotator cuff,” explained Dr. Sabo. “A thorough medical exam by a physician, along with diagnostic tests such as an MRI or an EMG, can help determine the root of the discomfort, so that the patient can soon see their pain diminish with appropriate treatment.”



Dr. Sabo, a neurosurgeon on the medical staff at SOCH, explains the surgery he performs for a cervical herniated disc.

Disc ...
more than just a
pain in
the neck



In most cases, Dr. Sabo will recommend non-surgical options such as anti-inflammatory drugs or muscle relaxers. Medications are often prescribed in combination with physical therapy. In more severe cases, a patient may find relief with an epidural, which involves the injection of pain medication into the spine.

If these treatments prove ineffective against pain, then a surgical procedure called anterior cervical discectomy may be the best option.

“There are also cases where a patient may not have significant pain, however, diagnostic images show that the herniated disc is pushing on the spinal cord, which could lead to cervical myelopathy,” explained Dr. Sabo. “This is a serious condition marked by an awkward or stumbling gait, difficulty with fine motor skills in the hands and arms, or tingling or shock-like feelings down the torso or into the legs.”

According to Dr. Sabo, cervical myelopathy can leave a person vulnerable to much more serious injury. “If a person with cervical myelopathy is rear-ended in a car accident, they could end up as a quadriplegic.”

During anterior cervical discectomy, Dr. Sabo will make a small incision in the front of the neck. The soft tissues of the neck are separated and the ruptured disc is removed, thus relieving pressure on the spinal cord. In most cases, the space between the vertebrae is filled with a bone graft, which is a small piece of bone taken from another part of the body. Over a few months, the bone should fuse the vertebrae together.

“The surgery usually requires a minimal hospital stay, and physical therapy aids in the rehabilitation process,” said Dr. Sabo. “Patients don’t have to wear a neck collar, they have good range of motion and are usually driving within a week, and back to their normal routine within four weeks.”

For more information about treatment options for neck pain, for information about *Physical Therapy at SOCH* or for referral to a neurosurgeon at SOCH, call **SOCHConnect**, at 609-978-3400.