Lumbar disc herniation treatment

- Development and validation of a prognostic prediction model for lumbar-disc herniation based on machine learning and fusion of clinical text data and radiomic features
- Full-Endoscopic Decompression Combined with Oblique Lumbar Interbody Fusion for Treating Lumbar Spinal Stenosis with Prolapsed Nucleus Pulposus
- Factors influencing the occurrence of postoperative kinesiophobia in patients with lumbar disc herniation
- Non-Hodgkin's lymphoma presenting with lower extremity edema and radiculopathy in a post-kidney transplant patient: A case report
- Development and validation of the reported outcome scale for patients with lumbar disc herniation
- Unilateral Biportal Endoscopic Discectomy (UBE) Versus Percutaneous Endoscopic Lumbar Discectomy (PELD) for Treating Lumbar Disc Herniation in Obese Patients: A Retrospective Study
- Effects of Noise Reduction on the Physical and Mental State of Patients with Lumbar Disc Herniation in an Orthopedic Outpatient Clinic
- An intensive non-invasive protocol combining non-surgical spinal decompression and supportive physiotherapeutic modalities in the treatment of double-level disc herniation at L4-L5 and L5-S1: A case report

Most patients can experience relief with non-surgical measures. However, if symptoms persist or worsen, surgery may be appropriate. [1)]

Lumbar disc herniation is a “preference-sensitive” condition, in which the optimal treatment choice is crucially dependent on an informed patient's goals and values. Little is known about decisional conflict, defined as an individual's level of uncertainty regarding a decision, in patients considering treatment for lumbar herniated discs. Our work aims to identify factors associated with decisional conflict and areas for improved shared decision-making.

METHODS: We prospectively surveyed patients seeking treatment for a lumbar herniated disc at L4-L5 and/or L5-S1 with a physician at the UCLA Spine Center. Decisional conflict was measured using the validated SURE questionnaire. We performed univariate and multivariate logistic analysis to identify predictors of decisional conflict.

RESULTS: 174 participants were surveyed. 47% of participants experienced decisional conflict. 44% of participants changed their treatment preference after the visit, with 61% of these opting for more invasive treatment. Participants with decisional conflict were less satisfied with their treatment decision ($p<0.001$), and less willing to recommend their physician ($p=0.003$) and physician's medical group to others ($p=0.003$). Multivariate analysis revealed that participants were more likely to experience decisional conflict if they consulted with a physiatrist versus a surgeon (OR 2.6, $p=0.019$) and if they did not feel able to discuss the various treatment options with the doctor during their visit (OR 8.5, $p<0.001$).

Many patients with a lumbar herniated disc experience decisional conflict when choosing a treatment option. Our results highlight the need to implement tools and strategies to improve decisional quality, such as decision aids prior to consultation [2)].

Initial management Conservative.

The literature recommends that refractory cases with lumbar disc herniation with the appropriate indications should be treated surgically [3) 4) 5)].

Surgery

see Lumbar disc herniation surgery.

1)
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