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Interventional Pain Management

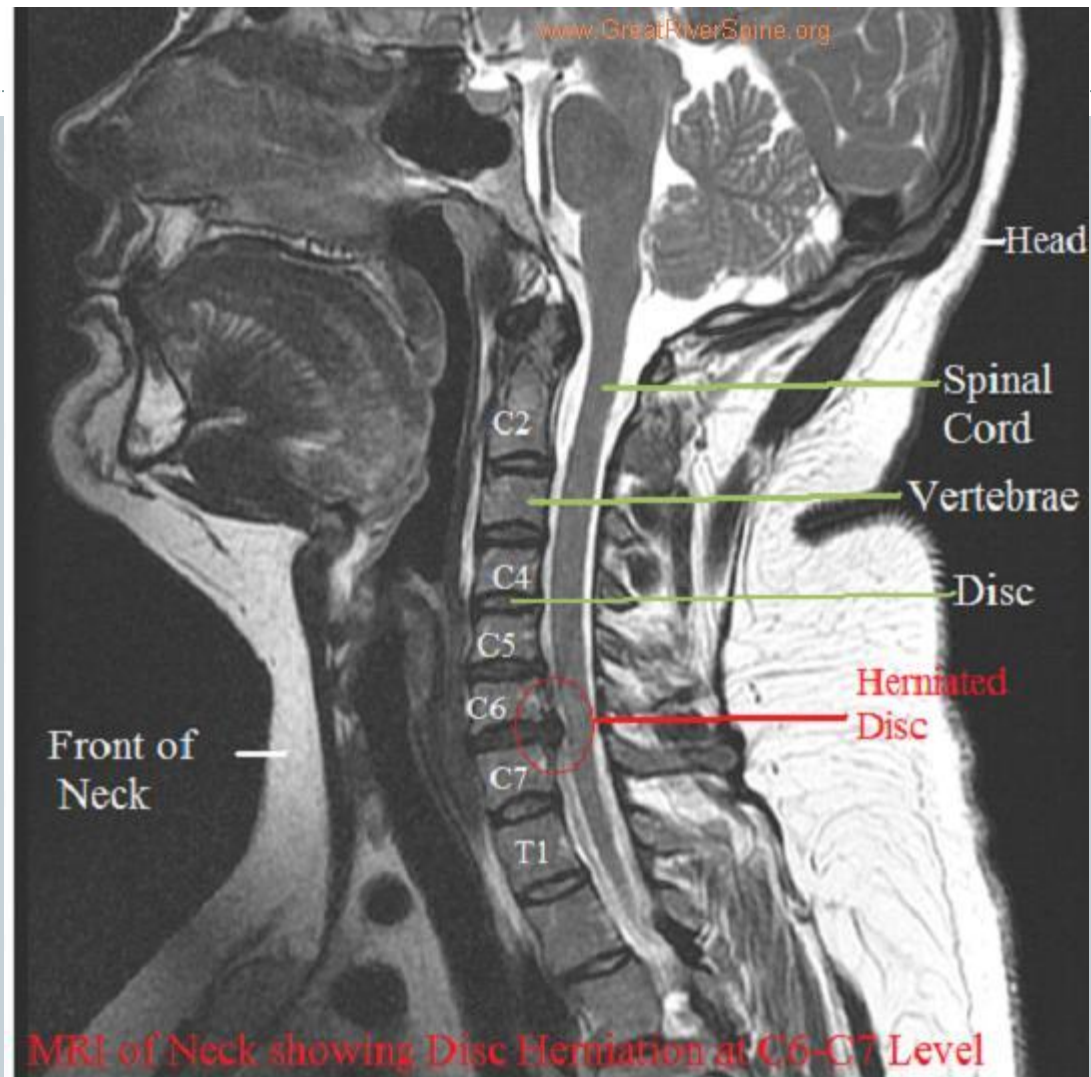


**HYDE PARK PAIN  
MANAGEMENT**

# Cervical Disc Herniation

## Operate or not





# Cervical disc herniation



# Cervical Disc Herniation



## Neurological RED flags: Surgery

1. Severe or progressive neurological deficit.
2. Recent onset urinary retention/incontinence due to loss of sensation.
3. Fecal incontinence
4. Perianal or perineal sensory loss (saddle anesthesia).
5. Unexpected laxity of anal sphincter.

# Cervical Disc Herniation



- Short term (<12 months): Surgery is better! For reducing radicular pain, increasing function and ???  
Return to work.
- Long Term (2 years): The literature says: **NO REAL** clinical difference.
- At 5 years, **NO DIFFERENCE.**

# Cervical Disc Herniation



- Cochrane Review: NO Difference
- Literature Summary:
- Many cervical disc herniations can be successfully managed with aggressive nonsurgical treatment (24 of 26 in the present study). Progressive neurologic loss did not occur in any patient, and most patients were able to continue with their preinjury activities with little limitation. High patient satisfaction with nonoperative care was achieved on outcome analysis.

# Cervical Disc Herniation



- Nonoperative management involves:
- AVOID chronic Opioid.
- AVOID Sedentarism/mental and physical deconditioning.
- FOCUS on therapeutic exercises for Functional Restoration.

Reduce INFLAMMATION, acute and recurrent.



# Cervical Disc herniation



- **REDUCE INFLAMMATION:** how:
- Medications: NSAIDS, Muscle Relaxants, Gabapentin.
- INJECTIONS: Cortisone all in attempt to reduce INFLAMMATION to allow PT/EXERCISES.
- PRP/STEM Cell Injections.
- Chiropractic, Acupuncture.
  
- TIME: 90% better within 2 years, Disc Degeneration free nerve.

# Cervical Disc Herniation



**THANK YOU!!!**