

Evidence-based guidelines developed for disc herniation

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Image courtesy of Blausen Medical

(HealthDay)—Evidence-based clinical guidelines have been developed for management of lumbar disc herniation with radiculopathy; the guidelines have been published in the Jan. 1 issue of *The Spine Journal*.

D. Scott Kreiner, M.D., from Ahwatukee Sports and Spine in Phoenix, and colleagues conducted a systematic literature review and developed evidence-based guidelines to assist in the diagnosis and treatment of lumbar disc herniation with radiculopathy.

The researchers formulated 29 clinical questions relating to natural history, diagnosis and imaging, outcome measures, medical intervention/treatment, surgical treatment, and value of spinal care. The guidelines emphasize that [magnetic resonance imaging](#) is the most appropriate noninvasive test for confirming the presence of lumbar disc

herniation. Computed tomography (CT) scans, myelography, and/or CT myelography are recommended for confirming [lumbar disc](#) herniation in patients with consistent history and physical examination findings.

Insufficient evidence limited recommendations relating to medical/interventional treatment; transforaminal epidural steroid injection is recommended for short-term pain relief, and endoscopic percutaneous discectomy is recommended for carefully selected patients. Patients should undergo preoperative psychological assessment, as those with signs of psychological distress have worse outcomes after surgery. Earlier surgery is associated with faster recovery and improved long-term outcomes. For patients whose symptoms warrant surgical intervention, discectomy provides more effective relief than medical/interventional care, while for those with less severe symptoms, short and long-term relief are provided by surgery or medical/interventional care.

"The [clinical guideline](#) has been created using the techniques of evidence-based medicine and best available evidence to aid practitioners in the care of [patients](#) with symptomatic lumbar [disc herniation](#) with radiculopathy," the authors write.

Several authors disclosed financial ties to the medical device and medical technology industries.

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