Degenerative lumbar spine disease

Background

Degenerative lumbar spine disease (DLSD) is a spinal condition which affects people with or without neurogenic claudication. Imaging evidence of DLSD is most common in people over the age of 70. The symptoms of DLSD are often severe, with many patients experiencing significant pain in the lower back, legs, and buttocks. Additionally, patients may experience numbness, weakness, and tingling in the affected areas. In some cases, DLSD can lead to nerve compression and potential sensory or motor deficits.

Diagnosis of degenerative lumbar spine disease

The diagnosis of DLSD is typically made through a combination of medical history, physical examination, and diagnostic tests. Imaging studies such as X-rays, MRI, or CT scans may be used to visualize the spine and identify any structural abnormalities. Pain management and a multidisciplinary approach are often necessary to manage the symptoms of DLSD.

Management of degenerative lumbar spine disease

Management of DLSD typically involves a combination of medical, physical, and surgical treatments. Conservative measures such as medication, physical therapy, and lifestyle modifications may be recommended to reduce pain and improve mobility. Surgical interventions may be considered in cases of severe pain, neural compression, or progressive neurological deficits. Examples of surgical treatments include discectomy, decompression, and fusion.

Centralized care for patients with degenerative lumbar spine disease

Bupa Cromwell Hospital specializes in providing comprehensive care for patients with degenerative spinal conditions. Our team of experts includes neurosurgeons, spinal surgeons, and pain management specialists, who work together to develop individualized treatment plans.
In patients with DLSD and radicular pain, conservative measures are usually sufficient to improve the symptom in six to eight weeks. If severe pain persists beyond this time, or if a motor neurological deficit, such as a foot drop, is present, serious consideration should be given to surgery. The timing of surgery is particularly important as neurological recovery is to be achieved. The aim of surgery is to decompress the neural elements and the most common operations performed are lumbar laminectomy and lumbar microdiscectomy. The recent development of endoscopic microdiscectomy technique allows day-case local anaesthetic surgery with the additional benefit of excellent cosmetic results. Spinal cord stimulation remains an effective treatment in patients with severe pain especially if pain persists despite decompressive surgery.

**Prognosis of degenerative lumbar spine disease**

The prognosis of patients with DLSD depends on the underlying diagnosis, delivery of prompt treatment and psycho-socio-economic factors. Well motivated patients with a good social support network are more likely to recover well and resume work. Despite all the treatment available, some 10 percent of patients become chronically disabled, especially with back pain. In others, conservative and surgical measures are effective in improving the symptoms. Spinal stenosis and radicular pain respond well to surgery with up to 90 percent pain relief. When motor weakness is present or in patients with cauda equina syndrome, the timing of surgery is crucial in determining any neurological recovery with the best results seen in patients operated within 48 hours of presentation. The prognosis for recovery of sensory deficits such as numbness and paraesthesia is less predictable.

For further information about our services please contact our GP Liaison Team on +44 (0)20 7460 5973.