

by James Nitka, MD,  
Piedmont Orthopedics



**James Nitka, MD,**  
is a board-certified orthopedic surgeon who joined Piedmont Orthopedics in 2007. He has practiced in Greensboro since 1990. Dr. Nitka has a special emphasis on spinal surgery but also performs other types of orthopedic surgery, including peripheral nerve decompression for wrist and elbow.

Contact Dr. Nitka at Piedmont Orthopedics at 336-275-0927 or on the Web at [www.Piedmont-Ortho.com](http://www.Piedmont-Ortho.com).

Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to [AskPiedmont-Ortho@sosbonedocs.com](mailto:AskPiedmont-Ortho@sosbonedocs.com)

**Q.** I am a 48-year-old woman who suddenly developed excruciating back pain. Now the pain is radiating down my leg. The MRI shows that I have a herniated disc. Do all disc herniations require surgery?

**A.** No. In most cases, we try conservative treatments before considering surgery. The first step is to reduce inflammation and alleviate your discomfort. When a disc is herniated, the center material in the disc bulges and leaks out. The material that leaks out is very irritating and elicits an inflammatory response in the body. The herniation often presses on a nerve, causing the type of pain you describe.

To reduce inflammation, we typically put patients on oral steroids. We also use narcotic pain medications and muscle relaxers if needed, send patients for physical therapy in some cases, and occasionally administer an epidural injection to relieve difficult pain.

The inflammatory response that occurs after a herniation is to some degree reparative. It actually helps dissolve and remove the herniation. Typically, you will feel better as any bruising, swelling and inflammation go down, and as irritation on the nerve diminishes. Many patients find that their leg pain goes away – and the herniation may even have been reabsorbed into the body – over a period of 6 weeks.

Some patients do require surgery. Signs that you may need surgery include bladder or bowel symptoms, growing levels of weakness, and intractable pain. We may also monitor the size of the disc rupture and its location in deciding whether surgery is needed.

**Q.** I am 30 years old and expecting my first baby in 10 weeks. I am being awakened at night by tingling and numbness on the thumb side of my right hand. If I move my hand around and shake it a little, the numbness goes away and eventually I can go back to sleep. What is going on?

**A.** It sounds like you have carpal tunnel syndrome, a common complaint in pregnant women. Most people are familiar with carpal tunnel syndrome as a problem that develops from repetitive activities, such as computer use.

However, pregnant women also develop symptoms of carpal tunnel syndrome quite often, with numbness and tingling sensations radiating into the fingers on the thumb side of the hand. It may be the result of weight gain and fluid retention.

The carpal tunnel is an enclosed space that is bordered by the bones of the wrist and a ligament. As fluid builds up, it increases pressure in this tunnel space and on the median nerve and tendons that run through it. This leads to the numbness and tingling you are feeling.

We will coordinate treatment with your OB-GYN, avoiding the use of anti-inflammatory medications especially if you are in your last trimester. Splinting the wrist is a first step. You also may find that elevating the hand decreases the pressure. B-6 supplements have been shown to help as well. Occasionally, we recommend a local injection of steroids – or, in rare cases, surgery using a local anesthetic. Surgery is usually recommended in pregnant women if you have unrelenting pain, tests show nerve damage, or you have constant numbness. If numbness becomes constant, irreversible nerve damage may develop.

In most pregnant patients, the cure to the problem may be a matter of time. If your carpal tunnel symptoms can be controlled until the end of your pregnancy, you likely will find that they go away after your baby's birth – as you lose weight and fluid.