

ARM PAIN, NUMBNESS & TINGLING

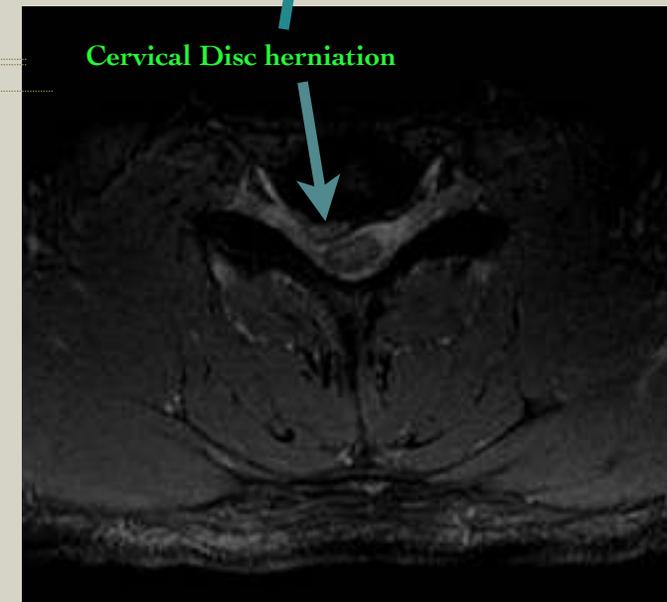
Pain, numbness, tingling or burning can occur together or independently in the arm, forearm or hand due to one, or a combination of several different problems. These symptoms are most commonly due to a pinched nerve in the neck but can also be caused due to problems of the shoulder joint (eg: rotator cuff tear, shoulder arthritis, etc), elbow problems (pinched nerve at the elbow) or wrist/hand (carpal tunnel syndrome). The site of the problem (neck versus shoulder) is easily determined with a good physical exam.

Why does a “neck” problem cause symptoms in the arm and hand? Because the nerves in the arm, forearm and hand originate in the neck. Thus, when they get pinched in the neck the pain radiates to or presents along the course of that nerve. A nerve root usually gets pinched when the jelly from the doughnut leaks out and puts pressure on that nerve root as it exits the spine (please look at the Normal Anatomy section for images to better understand this statement). Nerves can also get pinched when bone spurs grow into and decrease the size of the hole where the nerve exits the spinal column.

The severity of the symptoms can range from mild to very severe. For a lightly pinched nerve, the symptoms are generally on the milder side while for a significantly pinched nerve, the symptoms can be very severe. For example, if I were to lightly squeeze your index finger it may not bother you much. However, if I put all my might into it and squeezed the same finger as hard as it could, it would probably hurt more. Similarly, the symptoms of a “pinched” nerve are somewhat determined by how “hard” the nerve is being squeezed. If the symptoms (pain, numbness, tingling, burning, etc) are mild and you are able to cope with them using the occasional anti-inflammatory medication, then that is okay. For those whose symptoms are more severe and persistent, physical therapy can be helpful. For those who have persistent symptoms and fail both medical management and physical therapy, epidural steroid injections (ie “cortisone” injections) may be indicated.

The goal of epidural steroid injections is to try to decrease the inflammation around the nerve thus help decrease the pain. They are generally not very effective for other symptoms of pinched nerves such as numbness, tingling, and burning. Their effectiveness can range from being completely unhelpful to completely resolving your pain. For the majority of cases, they provide partial relief of the pain for a certain period of time (ranging from hours to months) before the pain returns as the injected steroid “wears out.” I generally think that if you do not attain substantial relief with an epidural steroid injection, it is better to try a different approach.

For patients who have failed all other treatment modalities or want immediate, complete relief of their symptoms, surgery can be very effective. In fact, surgery of the cervical spine (neck) for pinched nerves is one of the most successful surgeries we perform. The gist of the surgery is to remove the herniated disc and/or bone spurs that are compressing the nerve root and causing your symptoms (we “UNpinch” the nerve root). The overwhelming majority of patients have immediate resolution of their symptoms upon awakening from surgery. If you have had a pinched nerve for a long time before you proceed with surgery, you may be left with some numbness; however, this is generally mild, not bothersome and resolves over the course of several days to weeks. A very small percentage of patients are left with a small patch of permanent numbness which is due to “nerve damage” that can happen if a nerve is “pinched” for a long time before surgery. There are different types of surgery that can be performed depending on your specific condition, symptoms, anatomy, etc. I will discuss this with you individually if and when we reach this point in your treatment. For educational purposes, a brief description and images of the different types of surgical procedures is included.



Treatment Options: Cervical Disc Herniation

Treatment Options:

1. Time and medications
2. Physical Therapy, Chiropractic Care
3. Epidural Steroid Injection
4. Surgery

The severity of the symptoms can range from mild to very severe. For a lightly pinched nerve, the symptoms are generally mild. For a severely pinched nerve, the symptoms can be very severe

Physical Therapy:

1. Maybe effective in symptom relief by decreasing inflammation
2. Helps with general strengthening & range of motion
3. Does NOT permanently remove the disc herniation or bone spur
4. Symptoms may recur periodically due to irritation of the pinched nerve root

Epidural Steroid Injections:

1. The goal of epidural steroid injections is to try to decrease the inflammation around the nerve thus help decrease the pain.
2. They are generally not very effective for other symptoms of pinched nerves such as numbness, tingling, and burning.
3. Their effectiveness can range from being completely unhelpful to completely resolving your pain.

Many times, patients forego nonoperative treatment and go directly to surgery. As a general rule, surgery is reasonable if your symptoms are unbearable, there is **significant spinal cord compression**, or if you have failed more than 6 weeks of non-operative care

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Surgery- Anterior Cervical Discectomy & Fusion (ACDF)

1. A small (around 1 inch) incision is made over the affected disc space of the cervical spine in the *front* of the neck.
2. With the use of a microscope and specialized tools, the herniated disc and bone spurs are removed to relieve pressure on the nerve root &/or spinal cord.
3. A **plastic spacer** is used to replace the removed degenerative disc and “jack open” the previously collapsed space (the use of a patient’s own hip bone is hardly used nowadays as it generally causes more pain than the neck surgery itself).
4. A plate with screws is applied for additional stability in most cases. This plate is very small and the patient is not able to feel its presence.
5. The skin is closed with all the suture under the skin.
6. Patients are allowed to get out of bed and walk independently within a couple of hours of the operation.
7. A neck collar is provided. You do NOT have to wear it unless you feel more comfortable in it.
8. Whether patients stay overnight or go home the same day is decided on an individual basis before the operation (most 1 or 2 level ACDF patients go home while we generally keep 3 level ACDF patients overnight).
9. The overwhelming majority of patients experience significant, if not complete relief of their arm pain, numbness, tingling, etc ‘**IMMEDIATELY**’ after surgery in the recovery area. There is mild pain at the incision site and some pain in the back of the neck but it is generally well controlled with pain medication; most patients are off all pain medications in a few days.
10. An animation of the surgery can be seen at our website: www.towncenterorthopaedics.com (Library>View Our Animations>Orthopaedics>Spine>ACDF)

