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***The evaluation of patient's knowledge on lumbar discopathy  
they suffer from***

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**Poziom wiedzy pacjentów na temat dyskopatii profilaktyki bólów kręgosłupa**

The degenerative disease of an intervertebral pessary is very common and serious problem, particularly because it affects young, professionally active people and considerably lowers their efficiency. The development of the disease depends on incorrect and preserved posture behavior, improper lifestyle or lack of physical activity. The knowledge about appropriate lifestyle, health self-control should determine their pro-healthy activity. Particularly to put on adequate body position while sleeping, sitting, bending, lifting heavy objects or getting up, applying diet and physical exercises. Furthermore abilities how to prevent the recurrences of the disease and what kind of stress should to be avoided. Patients have to be informed about the most suitable outfit and equipment they should use. People acquire that knowledge during their lifetime, but particularly when they face health problems.

The object of the following work is to present the actual level of education among patients with lumbar discopathy.

Even though the biochemical processes taking place in degenerating intervertebral pessary are well known, we still cannot say what factor initiate the degeneration. Numerous theories – biochemical, enzymatic, hormonal or traumatic- try to provide the explanation. However none of them offer the final problem solution, the question still remains open. There also appear some terminological as well as classificatory problems. Degenerative changes are called discopathy, osteochondrosis, or spondylosis. What these units share is the nature of the biochemical changes. Yet, they differ from one another in terms of the intensity of clinical symptoms and the time when these become evident. Thus, if the symptoms appear at early stage of the disease, the ailment is referred to as discopathy. In some later stages, in addition to the degeneration of the intervertebral pessary, appear changes within basal cartilages and osteophytes are made. These processes lead to the narrowing of the vertebral canal and intervertebral openings. In this case spinal stenosis is recognized.

The treatment of the degenerative disease of the intervertebral pessary consists of removing the pathological consequences of the compression involving the nervous elements of the vertebral canal. If non-invasive methods turn out ineffective, an operation is performed. The main aim of the surgery is to relieve the nervous elements of the vertebral canal and to keep the spine's stability. Haftek recommends a surgical treatment in case of frequent recurrences and in the case of such neurological symptoms as muscular paresis, dysfunction of the lower urinary tract, decrease of tendon reflexes or paraesthesia.

The research carried out among patients admitted to hospital revealed that their knowledge concerning the prevention of the disease was unsatisfactory. They did not know to what extent their spine might be burdened and how to behave when pain got stronger. What seems particularly alarming is that patients have no idea how to lift and carry objects. An inappropriate way of heaving things results

in a rupture of the fibrous pessary, which in turn causes discopathy. Patients do not know how to protect their spine in certain coerced positions. The spine may get overburdened and overstrained in these positions and, as a consequence, pain recurs. The research has shown that patients should be briefed on various means of preventing the disease. Instruction may change their wrong habitual behavior and contribute to the improvement of their condition.

It seems that “The School of the Back” nicely responds to patients’ need for education. It has been called into being to offer new methods of treating recurrent spinal pains. Such ailments frequently become chronic and the therapeutic effect of non-invasive methods is of short duration. What is looked for are the therapies that can strengthen post-operative effects on the one hand, and on the other, prevent the recurrences of the disease.

The first official school of the back was set up in Sweden in 1950. Then similar institutions were established in Canada, the USA and Great Britain. In the 80’s of the 20<sup>th</sup> century preventive programmes of the same type appeared in Germany and Switzerland. The primary objective of these endeavors is to introduce proper motor behaviors into daily routines. The approach offers an interdisciplinary and systematic solution of secondary prophylaxis in the case of spinal dysfunction.

### MATERIAL AND METHOD

The research was carried out from January to May 2004 at the neurological and neurosurgical ward of Wroclaw Military Clinic. The examined group were 50 hospitalized patients who were given either a non-invasive or an operative treatment of lumbar discopathy. There were 28 males (56%) and 22 females (44%), aged from 24 to 62. They were of different educational background: vocational schools, elementary schools, high schools and colleges, university.

The time of the disease duration was various: no more than a year-15 patients, no more than 5 years- 12 patients, no more than 10 years- 8 patients, more than 15 years – 15 patients. On admittance to hospital, the patients were given a test consisting of 13 tasks concerning their knowledge about discopathy, positions that were inappropriate for the spine, rules of conduct under pain, etc. Further information about patients’ awareness was obtained during the interview. Patients’ knowledge on related topics were collected during the whole period of hospitalization.

**Table 1. Evaluation of patients’ knowledge on the prevention of lumbar pains. Evaluation of the effectiveness of education provided by nurses**

Problems & questions	% of positive answer
Knowledge on the disease	83%
How to behave under pain	38%
How to get up safely	77%
Positions relieving the spine	41%
How to sit	36%
How to lean forward	75%
How to lift objects	48%
How to carry objects	41%
How to stand	38%
How to push objects	55%
Exercises overstraining the spine	54%
Attributes of “healthy” shoes	48%

The analysis of the collected material has revealed that the patients knew little how to relieve the spine in coerced positions: sitting 36% and standing 38%. It was no better with their knowledge concerning the rules of conduct when pain got stronger 38%. A very few had some idea how the objects should be lifted 41%. Half of them knew how to lift objects without overstraining the spine The same number of patients knew what properties healthy shoes should have 48%. The patients confirmed that they were familiar with the basic characteristics of the disease 83%, the positions relieving the spine and the rules of getting up 77% and leaning forward safely 75%.

**Table 2 Problems patients face with discopathy**

Problems	Number of patients	%
Pains caused by discopathy	50	100%
Fear of the operation due to the lack of knowledge	22	44%
Fear of the future (the consequences of the disease and its recurrences do not make the prospects bright)	21	42%
Incomplete information concerning the future lifestyle; no access to the appropriate literature	18	36%
Risk factors resulting from overweight; no idea how harmful is influence of the obesity to the spine and how to lose weight	18	36%
Fear of diagnostic procedures due to ignorance	17	34%

Patients' evaluation of how effectively their problems have been solved: 36% assess as very good, 46% as good and 18% as unsatisfied.

The most important problem for all the patients (100%) was pain caused by the disease. Twenty two patients (44%) were afraid of the surgery, whereas 17 (34%) patients were afraid of the diagnostic procedures. Twenty one patients (42%) should be advised on their future lifestyle. Necessary changes in their work conditions should be suggested. Forty two percent of the patients should be encouraged to lose weight and provided with some instruction how to do it (diets, physical exercises)

Diagram 1. Patients' evaluation of how effectively their problems have been solved (very good, good, sufficient).

Eighteen patients (36%) consider their problems to be solved successfully. Nine patients (18%) believe that their problems have not been solved, at least not completely. Twenty three patients (46%) find the medical assistance they were provided with fair enough.

### CONCLUSIONS

1. The nursing aid standards propagating healthy lifestyles are very low and should be raised.
2. What seem to be missing from the care programme is the emotional support for should give to patients' families from nurses. They should also cooperate with other members of the therapeutic team.
3. Patients differ considerably in their knowledge about the disease. Many of them have no idea how to cope with the problem and how to take a good care of the spine.
4. Problems reported by patients with lumbar discopathy are successfully solved.

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## SUMMARY

The main objective of the research has been to evaluate patients' knowledge on lumbar discopathy as well as on the recommended prevention and rehabilitation procedures. Questionnaires were distributed to 50 patients who were administered either a non-invasive or an operative treatment in neurological and neurosurgical wards. The patients were both females (22) and males (28), aged from 24 to 62. Questionnaires tested patients' knowledge on discopathy as well as their awareness of the principles that have to be followed when the disease strikes. The authors have concluded that patients differ considerably in what they know about the disease. They should be instructed how to prevent the overstraining of the spine and how to cope with spinal pain. Nurses should be more involved in propagating healthy lifestyles. They should co-operate with the whole therapeutic team. They are also expected to be able to provide emotional support to the patients.

## STRESZCZENIE

Celem pracy jest przedstawienie poziomu wiedzy pacjentów na temat dyskopatii lędźwiowej oraz zasad profilaktyki i rehabilitacji pacjentów 50 pacjentów leczonych zachowawczo lub operacyjnie na oddziałach neurochirurgii i neurologii. Grupę badanych stanowiło 28 mężczyzn i 22 kobiety w wieku od 24 do 62 lat. Ocenę wiedzy pacjentów przeprowadzono za pomocą ankiety obejmującej między innymi zagadnienia istoty dyskopatii, zasad zachowania w czasie bólu i pozycji odciążających kręgosłup. We wnioskach autorzy stwierdzają, że poziom wiedzy pacjentów cierpiących na dyskopatię na temat istoty ich choroby jest zróżnicowany. Stwierdzono mały zasób wiadomości dotyczących sposobów zapobiegania przeciążeniom kręgosłupa, oraz metod postępowania w przypadkach wystąpienia bólów kręgosłupa. Opieka pielęgniarska w zakresie promowania zdrowia wymaga zdecydowanych działań korekcyjnych, gdyż jest świadczona na niskim poziomie. Najslabszym elementem opieki pielęgniarskiej jest udzielanie wsparcia emocjonalnego współpracownikami innymi członkami zespołu terapeutycznego.