

18th October 2018

Dear Doctor,

Re: Mrs Charlotte Raegan

Thank you for seeing Mrs Charlotte Raegan in the neurosurgical outpatient clinic. She is a 37-year-old woman who has had a 8-week history of lower back pain and right-sided sciatica symptoms. She experienced an acute onset of pain after lifting and swinging her youngest child. She has had a recent exacerbation of her back pain following extended period of sitting during travel.

She has persistent and progressive shooting pain down her right leg, some motor weakness especially dorsiflexion and knee flexion and sensory changes in L5-S2 distribution. She has no history of infection or malignancy. Urinary and bowel habits remain unchanged and she has had no weight loss.

On examination, Charlotte has visible wasting of her right calf. She has a positive ipsilateral and crossed straight leg rise. She also has an absent right ankle jerk reflex and altered sensation in her right leg in dermatome distribution L5 and S2. Her muscle weakness has progressed since her last review with me one week ago.

Her MRI demonstrates lumbar disc protrusion at L5-S1 impinging on the right nerve root. Her pelvic and lumbar plain radiographs are normal. All her blood tests are within normal parameters.

She is otherwise well. She has PCOS for which she takes Metformin 850mg once daily. She has a past surgical history of a caesarean 4 years ago with her youngest child and an ORIF to left tibia in 2000 following an MVA.

Charlotte would like to discuss with you options for surgical management of her disc protrusion and some optimised analgesia.

Thank you,

Dr Guppy