

modify their back (ie, with surgery) to return more quickly to the lifestyle they wish to live. Either of the two choices is correct, and there is no evidence that either decision will compromise the long-term outcome.

In summary, patients need to know the generally favorable natural history of lumbar disk herniation in order to make an informed treatment decision. Unless there is bowel or bladder impairment or a progressive neurologic deficit, there is no imperative for surgery. Although surgery offers the patient a speedier recovery and a quicker return to normal activities than does nonoperative treatment, patients treated without surgery can expect to have a satisfactory outcome in the long term. ■

## REFERENCES

1. Mazanec D, Okereke L. Interpreting the Spine Patient Outcomes Research Trial. Medical vs surgical treatment of lumbar disk herniation: implications for future trials. *Cleve Clin J Med* 2007; 74:577–583.
2. Weinstein JN, Tosteson TD, Lurie JD, et al. Surgical vs nonoperative treatment for lumbar disk herniation. The Spine Patient Outcomes Research Trial (SPORT): a randomized trial. *JAMA* 2006; 296:2441–2450.
3. Weinstein JN, Lurie JD, Tosteson TD, et al. Surgical vs nonoperative treatment for lumbar disk herniation. The Spine Patient Outcomes Research Trial (SPORT) observational cohort. *JAMA* 2006; 296:2451–2459.
4. Puel WC, van Houwelingen HC, van den Hout WB, et al; Leiden-The Hague Spine Intervention Prognostic Study Group. Surgery versus prolonged conservative treatment for sciatica. *N Engl J Med* 2007; 356:2245–2256.
5. Weber H. Lumbar disc herniation. A controlled, prospective study with ten years of observation. *Spine* 1983; 8:131–140.
6. Osterman H, Sietsalo S, Karppinen J, Malmivaara A. Effectiveness of microdiscectomy for lumbar disc herniation. A randomized controlled trial with 2 years of follow-up. *Spine* 2006; 31:2409–2414.

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## CORRECTION

### Obstructive sleep apnea

(JANUARY 2007)

The article, “The effect of obstructive sleep apnea on chronic medical disorders” by Dr. Nancy Collop (*Cleve Clin J Med* 2007; 74:72–78) contained a typographical error. On page 75, in a study by Turkington et al (*Thorax* 2004; 59:367–371) the mortality rate in stroke patients with obstructive sleep apnea was given as 5%. The rate was actually 45%.