
Patient Information

Sciatica

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Sciatica is a type of nerve pain and is caused by irritation of a nerve from the lower back. Nerves are a bit like the wiring system in the body. They tell the muscles in the leg what to do and they also pass sensation messages from the leg to the brain. Problems with nerves in the low back can cause pain or numbness in your leg or weakness of muscles. The pain is felt in the area of the body supplied by that nerve. Nerve pain from the lower back is called 'sciatica' and generally goes into the back of the leg usually below the knee. There is another nerve called the femoral nerve which may cause pain into the front of the thigh.

There may be a combination of back and leg pains. In sciatica the leg pain tends to be worse than the back pain. Sciatica can be caused by a disc protrusion or disc bulge, but there are other causes. We no longer use the term slipped disc as they do not slip in and out and cannot be pushed back in. However, with time the majority of disc bulges do heal themselves.

Key Facts

- A lot of people are much better after 3 months. Unfortunately some people take a lot longer to recover but pain levels are very often up and down.
- It is normal to have some flare ups of pain when you are recovering. A small proportion of people can have flare ups for a year afterwards.
- The most common age for sciatica is 40 to 50 but can happen at any time throughout adulthood. Often people with sciatica at a young age get better as they get older.
- Regular exercise may reduce the risk of nerve pain and help reduce the likelihood of future problems.
- It is important to try to keep on the move as this will often help recovery.
- The less you use your back the weaker and stiffer it will become.
- Returning to activity is recommended and Physiotherapy can help with this.

Healing Timescales

Fortunately most episodes of nerve root pain recover naturally with time. Medications and therapies can help but there isn't usually a "quick fix". There is a need to wait for natural recovery to take place. Some patients improve well within 6 weeks.

By 3 months a lot of people are much improved and virtually back to normal, but low grade symptoms may sometimes persist for several months.

If the pain isn't getting better or is really affecting your ability to get on with life after six weeks then this is probably the time to seek a specialist's opinion.

Locally your GP may refer you to the Back Pain Service.

The best way to deal with the problem is to exercise sensibly, stay active, avoid being overprotective, and to lead as normal a life as possible.

Do take painkillers so that you can get on with your life.

Diagnosis

In the initial stages a GP can help manage sciatica. The diagnosis is made largely from the symptoms and the initial examination.

Simple tests of the function of the nerve including strength, reflexes and sensation will help identify which nerve is likely to be the one that is causing the pain.

Nerve root pain can be very varied and at times severe. The amount of pain is not a good indication of the underlying cause. Understanding the facts about sciatica can help an efficient recovery. Distress and fear can often make pain worse.

Most sciatica gets better but it is an emergency when it is associated with numbness between the upper legs or difficulty with bladder or bowel control. Worsening weakness in the legs should also be assessed urgently.

LOSS OF SENSATION BETWEEN THE UPPER LEGS AND AROUND THE BACK PASSAGE WITH LOSS OF CONTROL OF THE BOWELS OR BLADDER IS AN EMERGENCY - IT IS RARE, BUT IF IT OCCURS SEEK MEDICAL ADVICE QUICKLY

In the early stages the use of scans to locate the problem is not normally required. A scan may be helpful when the pain is not settling or an intervention like an injection or operation is being considered.

If the sciatica looks as though it will settle without interventions then a scan is not required and very rarely changes the management of the condition.

Treatments

Medications are used to help with the pain and can improve your quality of life whilst healing takes place.

Effective drugs include non-steroidal anti-inflammatory drugs, pain relieving drugs, nerve pain relieving drugs, and the short term use of muscle relaxation drugs if spasm is present.

Often a combination of different medications, taken regularly, provides adequate pain relief. This is more helpful than just taking tablets when the pain is really bad. It is easier to keep pain away rather than trying to get rid of it once it is established.

Physiotherapy

Having a good assessment and advice on how to manage the symptoms and return to activity can be very helpful and re-assuring.

Injection Therapy

An x-ray guided epidural or nerve root injection can help reduce the pain. It is only required if the leg pain is not settling satisfactorily after an appropriate period of time. If you have only temporary relief from an injection it is not usually useful to repeat it.

Surgery

The majority of patients with nerve pain get better. The pain will settle with time. Surgery may be helpful if the pain doesn't settle with simpler measures. Surgery is for the pain in the leg. It does not seem to alter the chance of future attacks of sciatica and is not always the appropriate option. It is better for pain than numbness or weakness. Numbness doesn't usually cause many problems.

General Advice

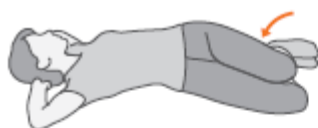
Do

- Take regular pain relief
- Correct your posture and find positions that ease your pain
- Stay as active as possible
- Stay at work or return back as soon as possible
- Distract yourself from pain by doing things that you enjoy

Don't

- Don't be afraid of the pain. Hurt does not mean harm.
- Don't give in. Doing less leads to weakness and stiffness. But also be sensible with how you return to activity.
- Don't panic if you have an increase in your pain. Small setbacks in the healing period are common

Simple exercises



NB: Upper knee should be directly above lower knee.



Back stretch

Lie on your back, with your feet above your head. Bend your knees and roll them slowly to one side, keeping your feet on the floor. Hold for 10 seconds. Repeat 3 times on each side.



Knees to chest

Lie on your back, knees bent. Bring one knee up and pull it gently into your chest for 5 seconds. Repeat up to 5 times on each side.



Deep Lunge

Kneel on one knee, with the other foot in front. Facing forwards, lift the back knee up. Hold for 5 seconds. Repeat 3 times on each side.



One-leg stand (front)

Holding onto something for support if needed, bend one leg up behind you. Hold for 5 seconds. Repeat 3 times on each side.



Pelvic tilt

Lie down with your knees bent. Tighten your stomach muscle, flattening your back against the floor. Hold for 5 seconds. Repeat 5 times.

Note: If any of the exercises are aggravating the sciatica then seek further advice. Continue with the exercises you are comfortable with.