

## Nerve pain

Nerve pain is caused by irritation of a nerve from the spine. Nerves carry messages about sensations and control of muscles and so problems with nerves can cause pain, numbness, increased sensitivity or weakness of muscles. The pain is felt in the area of the body supplied by that nerve. It is common for the leg nerves and arm nerves to be affected.

Nerve pain from the lower back is called 'sciatica' and generally goes into the leg usually below the knee. There may be a combination of back and leg pain. In sciatica the leg pain is worse than the back pain. Sciatica is usually caused by a disc prolapse (a 'slipped disc'), but there are other causes.

Brachial neuralgia (nerve pain in the arm) is very similar to sciatica but comes from the neck nerves. Sometimes the pain goes down the arm as far as a specific finger.

## Key Facts

- 75% of patients with sciatica are better within 28 days with the majority better at 3 months. If an episode of sciatica settles there is about a 90% chance it will not happen again in the next ten years.
- The most common age for sciatica is 35-40. It is less common as you get older.
- Regular exercise may reduce the risk of nerve pain.
- People with sedentary occupations and lifestyles are more at risk than those involving activity. Surprisingly, heavy manual work and repetitive lifting do not seem to be risk factors for sciatica.
- Being very overweight is another risk factor.

## Healing Timescales

Fortunately most episodes of nerve root pain do not last long. 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. Most patients are improving well by 6 weeks.

By 13 weeks the majority of patients 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 and more than six weeks have gone by then that is the sort of time to be thinking about seeing a specialist.

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 most patients only need to see their GP. The diagnosis is made largely from the symptoms and the initial examination.

Simple tests of the function of the nerve by a health care professional e.g. power, reflex and sensory tests will help identify which nerve is likely to be the one that is causing the pain.

Nerve root pain can be very varied, the amount of pain is NOT related to how large the disc is, and varies a lot. Distress and fear can often make pain worse. Quality information about the facts of sciatica is important to help understand how best to deal with it.

Most sciatica gets better; the only situation that is considered an emergency is when there is numbness between the legs or difficulty with bladder or bowel control.

**Loss of sensation between the 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.

## Treatments

**Medication:** 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 an umbrella of 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.

**One** type of medication from each of the **three main groups** can be combined with medication from the other groups

## Physiotherapy

Assessment and good advice regarding reassurance and how to best manage can be very helpful.

If most of the limb pain has settled then such treatment can be very helpful and considered in order to ease any residual stiffness, and to progressively reactivate and rehabilitate back to full function.

## Injection Therapy

Injection therapy such as a caudal epidural is usually only required if the problem is not settling satisfactorily after an appropriate period of time.

## 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. 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
- Don't panic if you have an increase in your pain. Small setbacks in the healing period are common

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