

Patient Information

Spinal Stenosis

Spinal stenosis is a term used to describe a narrowing of the spinal canal which gives rise to symptoms of irritation of the spinal nerves or sometimes the spinal cord. Narrowing that affects the spinal cord is also sometimes called a myelopathy. Spinal stenosis is a common problem particularly affecting people in their 60s and older.

The symptoms experienced are those of back pain and leg pain. Most typically it occurs as you walk, and can cause numbness or weakness or feelings of unsteadiness in the legs.

Claudication is the term used by doctors for pain and/or weakness of the legs that gets worse on walking. Common causes are vascular due to narrowing of the blood vessels in the legs or spinal due to a reduction in the space for spinal nerves to pass through.

Classically the sufferer can walk a certain distance (sometimes 50m or further- say - 500m) and then they need to stop because the pain and numbness intensifies. Most people with spinal stenosis find that sitting down or leaning forward enables them to recover so that they can then walk again. Usually patients have no pain in the leg at rest.

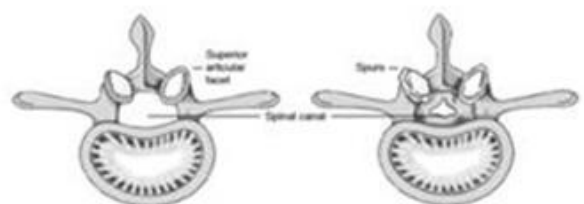
Causes

As part of the natural aging process we develop wear and tear changes in the lower back.

These changes can lead to a partial narrowing or a "stenosis" of the space available to the nerves.

This may give rise to the symptoms associated with lumbar spine stenosis although not everyone with these changes gets symptoms.

Normal central canal - Narrow central canal



Clinical effects

Both nerves and their blood supply are susceptible to being irritated by the narrowing. This leads to pain on walking, as the space available for the nerves in the spine is smaller when you are upright, but larger on sitting with the spine bent.

Diagnosis

Most people see their GP first who can usually make a clinical diagnosis based on what you tell them. The GP will be able to advice on first line management such as medication and exercise which is key to managing the condition. Depending on your symptoms you may be referred to a hospital specialist, who will assess and possibly request an MRI scan.

Prognosis

The course of the problem has some uncertainty, but a general rule can be applied that:

- 1 in 5 will improve with time,
- 3 in 5 will stay the same,
- 1 in 5 will worsen with time. We have no way of predicting who will get worse. Worsening typically will cause a decrease in walking distance.

Treatment

This condition is a 'quality of life' issue. If your symptoms are acceptable to you then no interventions may be needed. Most specialists would suggest you start with simple less risky treatments first.

Firstly:

- 1) Improving spinal mobility, strength & overall fitness.
- 2) Improving pain control.

Back Exercises will help keep your spine mobile and support the muscles. Ideally you should do these daily.

Static bike cycling little and often to start with. Patients can often cycle without as much leg pain as when they walk. The use of an exercise bike can enable improvement in fitness and leg muscle tone. Start with just two or three minutes twice a day, and increase the time a little every few days.

Walking as tolerated. Walking up to symptom threshold then just a little further despite the pain will often improve walking distance over time. You may be prescribed a walking aid if appropriate.

If you are overweight then you may be advised regarding **weight loss** strategies.

Some patients improve by these simple measures. If surgery is indicated the above advice is still relevant as ensuring you are as fit as possible means that surgery would be safer.

Simple pain control: Using over the counter medication such as Paracetamol or Ibuprofen. An 'umbrella ' of pain relief using a combination of tablets will often be more helpful than trying to rely on just one type of medication.

Nerve pain control: Doctors can prescribe drugs to reduce nerve pain e.g. Amitriptyline, or Gabapentin.

A recent trial published in the journal 'Spine' showed that Gabapentin was definitely helpful when combined with a fitness and exercise programme.

Some patients' leg pain can lessen with a proper course of such therapy. It may take a few months before it is clear if these simple measures are helpful. Remember it will hurt, but you won't cause yourself harm!

Secondly:

If indicated spinal injections of steroid & local anaesthetic can also help some patients' symptoms. They are helpful for leg pain rather than back pain.

These injections are usually requested by the hospital specialist. They may occur in the clinic or in the X-ray department.

Thirdly:

For a small number of patients with disabling leg pain surgery may be an option, however is not suitable for those with back pain alone.

Critical Spinal Stenosis

A rare but serious back condition, Cauda Equina Syndrome, can lead to permanent damage or disability and will need to be seen by an Emergency Specialist Spinal Team.

Please attend the Emergency Department if you experience any of the Cauda Equina Syndrome warning signs below:

- Loss of feeling/ pins and needles between inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate

- Increasing difficulty when you try to stop or control your flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of sensation when you pass a bowel movement
- Change in ability to achieve an erection or ejaculate
- Loss of sensation in genitals during sexual intercourse

Acknowledgements:

Adapted from the British Association of Spinal Surgeons

Contact details

Therapy Services Department: 01202 442121

For further general health-related information, please ask the relevant department for an Information Prescription or contact:

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We can supply this information in larger print, on audiotape, or have it translated for you. Please call the Patient Advice and Liaison Service (PALS) on 01202 448499 or the Health Information Centre on 01202 448003 for further advice.