

Sciatica

If you suddenly start feeling pain in your lower back or hip that radiates down from your buttock to the back of one thigh and into your leg, your problem may be a protruding disk in your lower spinal column pressing on the roots to your sciatic nerve. Sciatica (lumbar radiculopathy) may feel like a bad leg cramp that lasts for weeks before it goes away. You may have pain, especially when you sit, sneeze or cough. You may also feel weakness, "pins and needles" numbness, or a burning or tingling sensation down your leg. See a doctor to have your condition diagnosed and start a course of treatment.

You're most likely to get sciatica when you're 30-50 years old. It may happen due to the effects of general wear and tear, plus any sudden pressure on the disks that cushion the vertebrae of your lower (lumbar) spine. The gel-like inside (nucleus) of a disk may protrude into or through the disk's outer lining (annulus). This herniated disk may press directly on nerve roots that become the sciatic nerve. The nerve may also get inflamed and irritated by chemicals from the disk's nucleus. About one in every 50 people experience a herniated disk. Of these, 10-25 percent have symptoms lasting more than six weeks. About 80-90 percent of people with sciatica get better, over time, without surgery.

Treatment

The condition usually heals itself if you give it enough time and rest. Tell your doctor how your pain started, where it travels and exactly what it feels like. A physical exam may help pinpoint the irritated nerve root. Your doctor may ask you to squat and rise, walk on your heels and toes or perform a straight leg raising test or other tests. Most cases of sciatica affect the L5 or S1 nerve roots. Later, X-rays and other specialized imaging tools such as MRI (magnetic resonance imaging) may confirm your doctor's diagnosis of which nerve roots are affected.

Treatment is aimed at helping you manage your pain without long-term use of medications. First, you'll probably need at least a few days of bed rest while the inflammation goes away. Nonsteroidal anti-inflammatory medications (NSAIDs) such as ibuprofen, aspirin or muscle relaxants may also help. You may find it soothing to put gentle heat or cold on your

painful muscles. Find positions that are comfortable, but be as active as possible. Motion helps to reduce inflammation. Most of the time, your condition will get better within a few weeks. Sometimes, your doctor may inject your spine area with a cortisone-like drug. As soon as possible, start physical therapy with stretching exercises to help you resume your physical activities without sciatica pain. To start, your doctor may want you to take short walks.

You might need surgery only if after 4-6 weeks or more of conservative treatment you still have disabling leg pain. Surgery may be done sooner if pain is severe, or other neurological problems are present. A part of the herniated disk may be removed to stop it from pressing on your nerve. The surgery (microdisectomy) will be done general anesthesia. You have a 90 percent chance of successful surgery if most of your pain is in your leg. Avoid driving, excessive sitting, lifting or bending forward for at least a month after surgery. Your doctor may give you exercises to strengthen your back.

Following treatment for sciatica, you will probably be able to resume your normal lifestyle and keep your pain under control. However, it's always possible for your disk to rupture again. This happens to about 5 percent of people with sciatica. Back pain may develop because of the damaged disc, and may require further treatment.

Microdisectomy is not a treatment for back pain.

Emergency situation

In rare cases, a herniated disk may press on nerves that cause you to lose control of your bladder or bowel. If this happens, you may also have numbness or tingling in your groin or genital area. This is an emergency situation that requires surgery. Phone your doctor immediately.

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