

- 50% of people recover from an attack of sciatica within 6 weeks.
- Once your doctor has ruled out the possibility of serious disease, he will advise you to take painkillers, which are available from the chemist. Aspirin, paracetamol, ibuprofen and codeine are all useful.
- He will advise you to keep as active as possible and continue as normal. Resting in bed leads to stiffness and a slower recovery. Fear of causing damage may stop people from being active and causes long-term pain. Avoiding movement hinders healing. You should return to work as soon as you can.
- If your pain is no better after 6 weeks the doctor will refer you to a spinal surgeon for assessment. An MRI scan (Magnetic Resonance Imaging) can show a herniated disc. He may consider you suitable for an operation to relieve the pressure on the nerve, although this is rarely necessary.
- An injection of steroids into the epidural space within the spine can give short-term pain relief for nerve pain in sciatica.

SURGERY

- A discectomy is an operation, which removes the bulging part of the disc or any separated disc fragments. This can be done through an open incision in the lower back. Microdiscectomy is the same operation done through a smaller incision using a microscope. This operation can also be done endoscopically, that is as keyhole surgery.
- Discectomy makes no difference to the long-term (several years) result in sciatica, but can relieve the pain more quickly. Discectomy does not help back pain.
- Like any operation near the spinal cord, there is a very small chance of permanent paralysis of the legs and loss of bowel and bladder control. You will need to discuss this with your surgeon.

This leaflet was written by the staff of the Pain Relief Foundation and endorsed by The Walton Centre Pain Team, Walton Center for Neurology & Neurosurgery, Lower Lane, Liverpool, L9 7LJ, UK . www.thewaltoncentre.co.uk

The Pain Relief Foundation is a registered charity. If you found this leaflet useful please consider donating to the Foundation. Every donation helps to fund research into the treatment of chronic pain conditions.

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Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice.



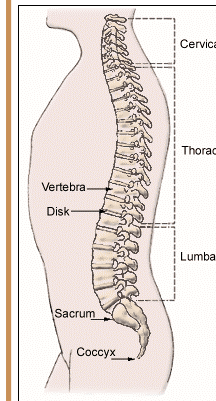
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SCIATICA

WHAT IS SCIATICA?

- Sciatica is pain in the leg arising from pressure on a nerve in the spine.
- Pain is felt in the back of one leg below the knee and sometimes in the feet and toes. There may also be pain in the lower back and buttock, but the leg pain is usually more severe. The pain is aching, burning or stinging. It can be very severe. Movement, sitting, coughing or sneezing can be excruciating.
- There may also be tingling and numbness in the leg and foot.

THE SPINE



- The spine consists of the backbone, which is a strong column of bones called vertebrae, with the spinal cord (a very large nerve) running through it. The vertebral column supports the body and protects the spinal cord. The spinal cord relays information to and from the brain to all parts of the body.
- The vertebrae are separated by cushions called discs, and have small "facet" joints between them. The discs and joints allow the spine to move and be flexible

WHAT CAUSES SCIATICA?

- The most common cause of sciatica is a "slipped disc". Doctors call this a herniated disc or prolapsed intervertebral disc. The disc has a tough fibrous outer ring with a softer center. If the outer ring becomes worn the center can bulge through it and may press on a nerve. The nerve can become squashed between the disc and bone. The nerve becomes irritated and does not work properly. Messages of pain, tingling and numbness are sent to the brain by the damaged nerve.
- Sometimes the nerve pressure is caused by the bone of the vertebra pressing on the nerve.