

Sciatica and Referred Pain

- Sciatica in its widest definition is pain in the distribution of the sciatic nerve. That is the buttock, back of thigh, whole leg and foot.
- It has many causes including direct pressure on the nerve roots in the spinal canal or foramina, or the direct pressure on the nerve sheaths.
- Half of the people with nerve root pain recover within six weeks and, of those who see a hospital specialist, only two in a hundred need surgery.

What is Sciatica

Sciatica is felt as an aching, burning or stinging pain down the back of the leg in the distribution of the sciatic nerve. Movement, such as sitting, coughing and straining, may aggravate the pain. It can include numbness, pins and needles, spasms and cramp if there is direct nerve involvement. Some people report no back pain but the origin of the problem is the spine where there is irritation on a nerve.

'Referred' pain is much more common. Simple back pain may be so intense that it overflows. The referred pain that results is not caused by pinching of a large nerve, but by pain caused by mechanical sprain or strain of the joints or muscles of the spine and other tissues.

Some occupations result in more wear and tear to the parts of the spine than others. At higher risk of such damage are long distance lorry drivers, manual workers and those who sit and drive a lot at work. People who are tall, smoke or have a family history of disc problems are more at risk. Sciatica can appear at any age, male and females are equally at risk.

How can I help my self?

In the first couple of days you may find that resting on your front or side is best for your leg pain. Take painkillers throughout the day and night as advised. You may need to get strong painkillers from your GP. After a couple of days, you should try to continue with your life as much as the pain allows. It sometimes means you need to stop in order to relax and recover but do not become immobile – it will make the pain seem worse. "Listen" to the pain and try to pace yourself when you are doing things. You may need to modify your home or work environment, so that you can do normal activities with improved posture, including any sitting, standing and even sleeping.

What about treatments?

Manipulative therapies by a chiropractor, osteopath or physiotherapist that address the structures of the back may help within 3 - 12 treatments. However, sciatica, due to disc degeneration or prolapse takes about 10-14 treatments on average. Treatment from a physiotherapist or complementary therapist may also help you cope with the pain. The Alexander Technique may help you with posture and relaxation. If you choose a therapy as well as trying to keep life active and normal, you must choose an approved practitioner and give them a full history of your problem. You also need as much information as possible about the pros and cons before consenting to treatment and tell the practitioner if your experience is not what you expected.

What about seeing a hospital specialist?

For those who are not fortunate enough to have any improvement in their pain within 3-4 weeks, or who experience deterioration of their symptoms of nerve compression, further investigation and/or surgery may be needed.

In some cases further investigation may include medical imaging, such as X-rays, MRI or a CT scan. Your GP or your consultant will be able to tell you which one would be best for your condition, since the different scans can visualise different structures of the body. For example, an X-ray does not show damage to disc or nerve tissue, which would be the most likely cause of sciatica. It is therefore not always recommended.

Magnetic Resonance Imaging (MRI) is the latest and perhaps the best non-invasive investigation. It can visualise the spine and surrounding tissue clearly but even this has its limitations. Scans of people with no reported back pain can show disc bulges and major degenerative changes. MRI images alone cannot always be used for diagnosis.

CT scans are also used, often as part of a Myelogram, which is a procedure where a radio-opaque contrast (a liquid which shows up in an X-ray or CT scan) is injected into the fluid surrounding the brain and spinal cord. The contrast enhances the picture that is generated by the CT scanner. The decision to consent to this procedure should be discussed and considered carefully, as it is quite a major intervention with its own set of side effects. MRI has largely replaced the Myelogram.

What interventions?

The decision to have a particular treatment or surgery is always a difficult one and needs very careful consideration. The only person who can really answer your questions about the effectiveness of any intervention for your particular problem is your own doctor. Ensure that you attend appointments well prepared with your questions written down and preferably, take someone with you to give you support and help to remember what was discussed.

Relevant Information

- BackCare Factsheets - Back Surgery, Drugs for Back Pain Relief, Long Term Pain Support Groups, TENS Pain Relief
- BackCare Booklets - Should I have spinal surgery?, Managing Back Pain, Basic Back Care, Active Back Care
- Other Publications – “The Sciatica Handbook” by Bill Habett, ISBN 1 85779 3153