

Sciatica

Contributed by Administrator
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Sciatica is the term given to pain down the leg, which is caused by irritation of the main nerve into the leg, the sciatic nerve. This pain tends to be caused where the nerves pass through and emerge from the lower bones of the spine (lumbar vertebrae). Much of the advice regarding this condition is the same as that for low back pain.

Symptoms

In sciatica, there is a pain down into the leg, which travels below the knee, and may involve the foot. There may be numbness and there may be weakness of the lower leg muscles.

These symptoms may come on their own, but are often combined with low back pain. The order in which the symptoms appear may vary. Sometimes the back pain comes before the sciatica, and sometimes will follow.

As with low back pain, there is a group of features which health professionals use to highlight the need to act more quickly, because they may suggest a problem which is not as straightforward as simple back pain or sciatica. If you fit into one of these groups or are concerned, you should see your health professional soon:

- You are younger than 20 or older than 55 when you get the problem for the first time.
- The pain follows a violent injury, such as a road traffic accident.
- The pain is constant and getting worse.
- The pain is in the back of the chest.
- You have had cancer in the past or at present.
- You are on steroids.
- You are a drug abuser, or have HIV.
- You are generally unwell in yourself.
- You have lost significant weight recently.
- You continue to have great difficulty bending forwards.
- You have developed a number of problems in your nervous system (eg numbness, loss of power, etc).
- You have developed an obvious structural deformity of your spine.

Anyway, it is probably wise to see your doctor if you develop sciatica. Certainly you should consult him or her if you are not able to adequately control the pain with simple painkillers and/or Non Steroidal Anti-Inflammatory Drugs (NSAIDs),

Anti-inflammatory drugs, or if the pain carries on for more than two weeks.

Causes

The most common cause of true sciatica is a "slipped disc". The discs (or inter-vertebral discs) are the cushions which separate the bones of the spine (vertebrae). Your doctor may refer to a slipped disc as a prolapsed intervertebral disc (PID) or a herniated nucleus pulposus.

The intervertebral disc looks a bit like a draughts/checkers piece in shape. The ring around the outside is tough and fibrous, and the centre is rather more like the consistency of a chewy sweet. These discs allow for some flexibility between the bones of the spine, and also act as shock absorbers.

The pressures within the discs can reach high levels when we bend or twist, even without carrying a heavy load. If we add to that a heavy load, especially held out at arms' length, the pressures rise even higher.

If part of the fibrous outer ring of the disc is rather weaker than the rest, the softer centre (nucleus pulposus) may push its way through, bulging outwards. If this bulge presses against a nerve which is running from the main, central nervous system to one of the legs, it causes symptoms in that leg.

Sciatica occurs when the herniated disc presses against the nerves which go to make up the sciatic nerve. This is more likely to cause problems when the nerve is squashed by this, usually between the disc and an adjacent bone.

Nerves have many functions, transmitting messages around the body, rather like a telephone system. They allow us to feel things that happen to us, such as things we touch or that touch us, hot and cold, and pain, and they cause our body to do things, eg making your leg muscles contract when you want to walk. Thus, when a nerve is squashed, it may malfunction, and we might feel pain, numbness, pins and needles, and we might find our limbs do not work in the way they should.

Other things can cause irritation of or pressure on a nerve in the spine. Sometimes this may be a rough and enlarged part of one of the vertebrae, brought about by ageing, and sometimes rarer conditions, infections and tumours are to blame. Most times the cause is nothing too serious, but one of the reasons for seeing your health professional if the pain persists, is to make sure that serious and treatable causes have been ruled out.

Treatment

The key points about most back pain and sciatica are:

Do not worry - it will usually get better within a few days, or possibly a few weeks with massage & exercise.

Stay active, and if at all possible, stay at work.

The pain may force you to rest, but this is a result of the pain, and not a good treatment for back pain and sciatica. If you have to take to your bed, limit it, if possible.

Use simple pain killers, such as paracetamol or ibuprofen if necessary.

Avoid activities likely to put unnecessary strain on your back.

If it seems to be lasting more than a few days, consider seeing a physiotherapist, chiropractor or osteopath. You may wish to consult your health professional prior to this.

If you do have to be off work, keep this to a minimum, and do not expect to be pain free before you go back.

If the pain is severe and very disabling, and you cannot control it with simple pain killers and/or anti-inflammatory medicine your doctor may suggest you have an epidural injection, which is an injection into the spine, which soothes the nerves that are causing the pain.

In a minority of cases, the sciatica does not settle, or complications arise. This may lead your doctor to recommend surgery, which will involve trimming back bone or disc material which is pressing on the nerve or nerves. This is not undertaken lightly, and will be guided by the results of a CT or MRI scan.