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ORTHOPAEDIC SURGEONS

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Sciatica

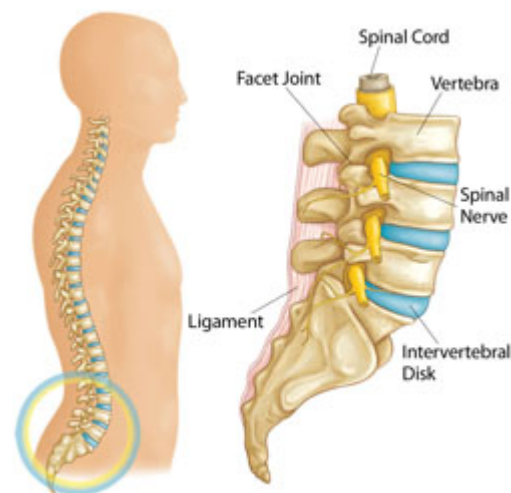
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If you suddenly start feeling pain in your lower back or hip that radiates to the back of your thigh and into your leg, you may have a protruding (herniated) disk in your spinal column that is pressing on the roots of the sciatic nerve. This condition is known as sciatica.



Symptoms

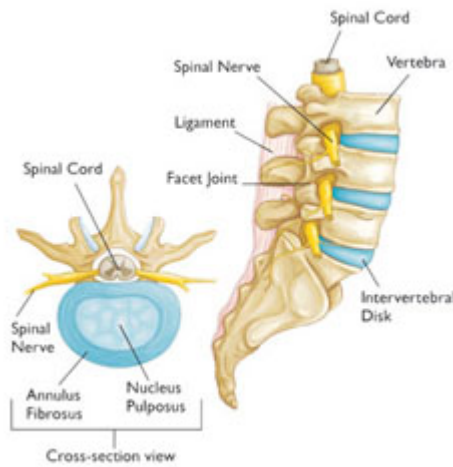
Sciatica may feel like a bad leg cramp that lasts for weeks before it goes away. You may have pain, especially when you sit, sneeze, or cough. You may also have weakness, "pins and needles" numbness, or a burning or tingling sensation down your leg.

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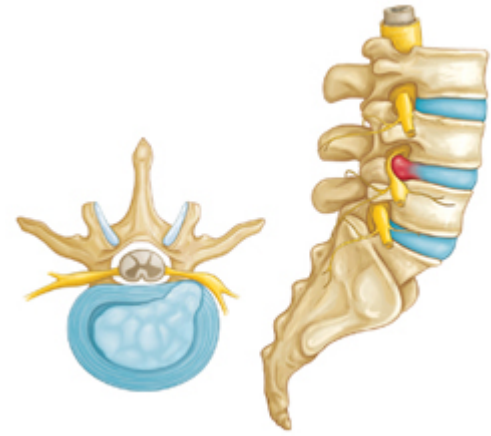
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You are most likely to get sciatica between the ages of 30 and 50 years. It may happen as a result of the general wear and tear of aging, plus any sudden pressure on the disks that cushion the bones (vertebrae) of your lower spine.



Normal lumbar anatomy/cross-section



Herniated disk (side view and cross-section)

The gel-like center (nucleus) of a disk may protrude into or through the disk's outer lining. This herniated disk may press directly on the nerve roots that become the sciatic nerve. Nerve roots may also get inflamed and irritated by chemicals from the disk's nucleus.

Approximately 1 in every 50 people will experience a herniated disk at some point in their life. Of these, 10% to 25% have symptoms that last more than 6 weeks.

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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Diagnosis

Diagnosis begins with a complete patient history. Your doctor will ask you to explain how your pain started, where it travels, and exactly what it feels like.

A physical examination 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 patients with sciatica have compression of the L5 or S1 nerve roots. X-rays and other specialized imaging tools such as magnetic resonance imaging (MRI) may confirm your doctor's diagnosis of which nerve roots are affected.

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Treatment

Nonsurgical Treatment

The condition usually heals itself, given sufficient time and rest. Approximately 80% to 90% of patients with sciatica get better over time without surgery.

Nonsurgical 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 drugs such as ibuprofen, aspirin, or muscle relaxants may also help. In addition, 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 so you can resume your physical activities without sciatica pain. To start, your doctor may want you to take short walks.

Surgical Treatment

You might need surgery if you still have disabling leg pain after 3 months or more of nonsurgical treatment. A part of the herniated disk may be removed to stop it from pressing on your nerve.

The surgery (laminotomy with discectomy) may be done under local, spinal, or general anesthesia. You have a 90% chance of successful surgery if most of the pain is in your leg.

Rehabilitation

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% of people with sciatica.

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