CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Sciatica

What you're feeling

Sciatica is pain that runs from your lower back down into one leg. It usually affects one leg, though sometimes both legs hurt, with one more painful than the other. Rarely, the pain can swap from one leg to the other. Most people also have an aching, dull pain in the lower back itself. Back pain alone without leg pain is the usual pattern, and leg pain without any back pain is uncommon.

The back pain often starts after a bending or lifting strain. It tends to be worse when you use your back, for example lifting shopping, getting out of a low chair or bending over the bath. Resting eases it, at least partly. During the first bout of pain, it usually comes and goes rather than staying constant.

The leg pain can be sharp or burning and may travel below the knee. You might notice pins and needles or numbness in your foot. How strong the leg pain feels does not tell you how much the nerve is being pressed. Some people find the pain flares at night or when they first get up. Daily jobs that need bending, sitting for long stretches or carrying loads can become hard to manage.

If any of this sounds like your own experience, it is worth writing down when the pain started, what makes it better or worse, and which parts of your leg are affected. Bring those notes to your appointment. They help your surgeon work out whether the nerve in your leg is the source of the pain, because several other conditions can cause similar symptoms.

What's actually happening

Your spine is a stack of bones with a cushion between each pair. The cushion is called a disc. Think of it as a jam doughnut: a soft, jelly-like centre wrapped in a tough outer ring. The disc works like a shock absorber, soaking up the loads of daily life and letting your back bend.

Sciatica happens when the soft centre of a disc pushes out through the outer ring and presses on a nerve. The nerves that run down your legs leave the spine in your lower back, so a bulge there can irritate one of them. The nerve also becomes swollen where it is squeezed. That swelling is closely linked to how bad the sciatica feels.

This explains the symptoms you have just read about. The aching back pain comes from the strained disc itself. The leg pain, pins and needles or numbness come from the irritated nerve, and the nerve it presses on decides which parts of your leg are affected. Resting helps because the swelling around the nerve settles down. How

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large the bulge is does not match how much your leg hurts, which is why a small-looking problem can still cause severe pain.

For most people this settles with time and simple care. If the pain has lasted 4 to 12 months, surgery to remove the part of the disc pressing on the nerve can reduce pain more than non-surgical treatment alone. A nerve-root injection, where medicine is placed near the irritated nerve, can also help when sciatica keeps coming back or when the cause is hard to pin down.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At your first visit we take a history, examine you and arrange imaging if it is needed. An MRI scan is the usual choice for sciatic pain, because it shows the discs, the nerves and the nerve openings clearly. We then work through treatment options with you, starting with the gentlest.

Most sciatica settles without surgery. Your GP can explain what is going on, review your pain medication and encourage you to stay active and keep working. Physiotherapy is a core part of this care. It combines education with stretching, strengthening and conditioning exercises, and it aims to keep you moving while the nerve settles. A typical course allows up to 9 sessions in the first 3 months, with three extra booster sessions in the fourth, fifth and sixth months. Some people also try non-surgical spinal decompression alongside physiotherapy. This gently stretches the spine, and it has been linked with less pain and an increase in disc height after 4 weeks of treatment.

Medicine can help you stay active while your body heals. Your GP may review and adjust your pain medication, including anti-inflammatories, so you can keep moving comfortably. Injections are sometimes used for sciatica. A nerve-root injection places medicine near the irritated nerve, and it can help when sciatica keeps coming back or when the cause is hard to pin down. A platelet-rich plasma epidural injection, which uses a preparation made from your own blood, is an option for a single-level disc problem. Cortisone injections into the space around the spinal cord are another option for acute sciatica in the first few weeks.

Surgery is considered when non-surgical care has not given enough relief. We look for pain that comes from the pressed nerve, that is persistent or keeps returning, that limits your daily life, and that comes with signs of nerve trouble such as numbness or weakness. For a disc pressing on a nerve, the operation removes the part of the disc that is squeezing it. For spinal stenosis or a slipped vertebra, surgery may involve freeing the nerve and, in some cases, joining two bones together so the spine is stable. We will talk through whether surgery suits you and decide together.

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What to expect

For most people, sciatica settles with time and simple care. The pain often comes and goes in the early weeks rather than staying constant. How long it lasts varies a lot from person to person, and even specialists find it hard to predict an exact timeline for any one person.

If the pain has lasted 4 to 12 months, surgery to remove the part of the disc pressing on the nerve can reduce pain more than non-surgical treatment alone. Surgery can also help when sciatica has become long-lasting and other care has not worked. After surgery for a disc problem, most people report a real improvement. In one group of patients, 82% no longer had leg pain afterwards and 13% had only occasional pain. Not everyone gets full relief though, and a small number of people need another operation on the same disc within five years of the first one.

Without treatment, sciatica that has already been going for months tends to persist rather than disappear on its own. The outlook is generally better for younger people. In teenagers and young adults, nearly all disc problems recover with non-surgical care, and surgery in this age group also leads to improvement in the short and long term.

Recovery is usually gradual rather than sudden. You can expect the leg pain to ease first, though some aching or occasional twinges can linger. Staying active and keeping to your normal routine as much as you can helps while the nerve settles. If your pain suddenly gets much worse or becomes severe and does not ease, that is worth having checked promptly, as it can point to something else going on.

Some things are hard to predict from scans alone. What shows up on an MRI does not reliably tell us how long your back pain will last or whether it will develop at all. Your overall health matters too, so your surgeon will look at the whole picture, not just your spine, when working out what is likely to help you.

When to see someone

Most sciatica settles with time and simple care, so a GP visit is the right first step for typical symptoms. See your GP if your pain has lasted more than a few weeks, is not easing with rest, or is stopping you sleeping or working. Ask for a specialist review if your leg pain keeps coming back, if you have new numbness or pins and needles in your foot, or if one leg is becoming weaker than the other.

Go to an emergency department straight away if you lose control of your bladder or bowels, if the area around your groin or back passage goes numb, or if both legs become weak or heavy. These can be signs of cauda equina syndrome, where the nerve bundle at the base of the spine is being squeezed. It needs same-day assessment, because pressure left on those nerves can cause lasting problems, including changes to sexual function that some people are left with afterwards.

Tell your GP if you are over 50 and develop sciatica. It is worth asking about the shingles vaccine at the same visit, as shingles risk is higher in people your age with this condition.

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