
Sciatica

Summary

- Sciatica is pain in the buttock and leg, caused by pressure on nerves in the lower back.
 - Sciatica can be caused by slipped discs, pinched nerves or some forms of arthritis.
 - Treatment options include rest, painkillers, epidural injections and surgery.
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Sciatica is nerve pain arising from the sciatic nerve. It can be produced by pressure on the nerve, where it passes through the buttock. Sciatica can be brought on by sitting on a hard seat. When your leg goes to sleep, that is also a form of sciatica.

The sciatic nerve is a large nerve, formed from nerve roots that originate from the spinal cord. These nerve roots pass out between the disc spaces and join up to form the sciatic nerve. It passes from the spine into the buttock, then into the back of the thigh and leg.

The sciatic nerve controls sensation and function to the leg and foot. In sciatica, prolapsed or 'slipped' discs tend to bulge and press on the intervertebral nerve(s). This pressure irritates the nerve, causing referred pain.

Most cases of sciatica resolve by themselves within six weeks to three months. Sciatica can also be caused by narrowing of the nerve tunnel between discs due to osteoarthritis. Elderly people who suffer from disk degeneration as a consequence of ageing tend to be troubled the most by sciatica.

Symptoms of sciatica

The symptoms of sciatica include:

- hot pain in the buttock
- aching in the buttock, back of the thigh (hamstring) and calf
- pain in the ankle and foot
- pins and needles
- increased pain when lifting, straining or coughing
- loss of power to the muscles of the leg and foot.

Lumbar vertebrae are vulnerable to injury

The area of the spine that takes the most punishment from movement and activity is the lower back, or lumbar region. This consists of five relatively large vertebrae. The discs cushioning these vertebrae are particularly susceptible to degeneration caused by ageing. The cushioning discs become progressively thinner and harder, which stresses this portion of the back and may result in a variety of lower back pain disorders, including sciatica.

Bed rest may not be helpful for sciatica

Traditional advice for treating sciatica recommended complete bed rest. However, recent Australian studies have concluded that lying in bed may offer only minimal improvement, or may even exacerbate the condition.

Unless specifically advised by your doctor, remaining active may be the preferred option. Gentle exercises can help. Swimming is particularly useful, as it is not a weight bearing exercise so flexibility and strength can be improved without unduly stressing your back. Herniated spinal discs usually heal themselves with time.

Self-care for sciatica

Suggestions for managing sciatica include:

- rest, but not prolonged bedrest
- over-the-counter pain-relieving medication
- ice packs
- proper posture
- resting the back by not bending, flexing or lifting heavy weights
- warm baths
- sleeping on a mattress that is not too soft or too hard
- ergonomic furniture, such as chairs with lumbar support
- gentle exercises to strengthen and support the lower back.

Treatment for sciatica

Sciatica that doesn't resolve itself after a few days needs medical attention. Professional treatment for sciatica includes:

- medication, including pain-relieving and anti-inflammatory medication
- traction
- manipulative therapies, such as chiropractic or osteopathy
- epidural injections – medication injected directly into the spine
- chemonucleolysis – Injection of a special enzyme into the disk
- physiotherapy, including electrical stimulation of the back muscles
- complementary therapies, including acupuncture
- surgery as a last resort.

Surgery for sciatica

The operation for sciatica that is caused by a ruptured or 'slipped' disc is called a 'partial discectomy'. Your lower back is initially x-rayed to identify the problem area. Under general anaesthetic, a small cut is made in the back, and the muscles and underlying ligaments are pushed aside. The fragments of the ruptured disc are then removed.

Nine out of 10 people experience relief of symptoms following surgery. However, there is a chance for one in 20 that the pain will return at a later date.

Where to get help

- Your doctor
- Chiropractor
- Osteopathic practitioner
- Physiotherapist
- Acupuncturist
- Surgeon

Things to remember

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- Treatment options include rest, painkillers, epidural injections and surgery.

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