

A back for the future

Sciatica can be 'more painful than childbirth' according to its female sufferers and in many cases it will get better on its own. But what if it doesn't?

Sciatica is the term used to describe an intense pain going down the leg and is usually caused by a disc prolapse in the lower back. The pain commonly starts in the lower back, or buttock region, and then goes down into the top, outside or sole of the foot via the back or outside of the thigh and calf. Disc prolapses, frequently referred to as a slipped disc, are very common, and a condition Mr Michael McCarthy specialises in.

Around 1-2% of the population will have an episode of leg pain lasting more than two weeks as a result of this condition. Of course leg pain can have many different causes. For example, disc prolapses and spinal stenosis (narrowing) are spinal causes of leg pain, whereas osteoarthritis of the hip and knee are non-spinal causes of leg pain.

Disc prolapses most frequently occur in adults aged between 30 and 50. As the intervertebral disc undergoes the normal ageing process, the stiff outer layer can crack and a small amount of the central jelly-like disc material can escape.

When this occurs, the disc material can cause inflammation and press on one or more of the spinal nerves. This will usually cause symptoms of leg pain, numbness and tingling in the areas described above. Sometimes part of the leg can become weak. Bladder and bowel problems

MEET THE EXPERT

Mr Michael McCarthy (pictured far left) is a consultant spinal surgeon based at the University Hospitals of Wales with a private practice in the prestigious Nuffield Cardiff and Vale Hospital.

After completing his training in orthopaedics, he spent a further three years in spinal fellowship training including a year in Australia at an internationally renowned spinal surgery centre.

He now specialises in adult spinal conditions, trauma, tumour and minimally invasive spinal surgery. He has a Masters degree with distinction in orthopaedic engineering, teaches Advanced Trauma Life Support to other doctors, has taught on several spinal courses in the US and teaches GPs about the spine. Mr McCarthy also helped set up the new spinal teaching curriculum for the Cardiff medical students. His research interests include patient reported outcome measures, optimising recovery and minimising complications. More than 96% of his patients report satisfaction with the care he's provided.

can occur but are rare. The leg pain is usually very severe and sharp. It is often described as burning in nature or like an electric shock.

'The leg pain experienced in an acute episode of sciatica can be one of the worst pains known to humans,' says Mr McCarthy. 'An ex military special forces patient once told me his chronic low back pain was nothing in comparison to the new leg pain. He told me this was the worst pain he had ever experienced and he would do anything for it to be taken away. My female patients frequently describe it to me as being worse than childbirth.'

The good news

'A human body has a remarkable ability to heal itself,' says Mr McCarthy. 'If you imagine a disc prolapse like a bruise on the back of your hand after being struck with an object. The swollen lumpy bruise is akin to a disc prolapse and the redness around it is the inflammation.'

'Over time the redness settles and the lump slowly disappears. The same usually occurs with a disc prolapse and most patients notice an improvement within six weeks. Up to 90% settle on their own by three months.'

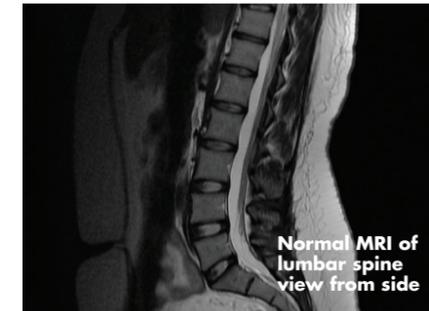
Managing the pain

Sciatic pain can be very severe and the best advice is to keep mobile, take regular over the counter painkillers as advised by the pharmacist and seek medical attention from your GP. There is good evidence to support specific exercise programmes, manipulation and acupuncture. Activities involving excessive bending, lifting and twisting, especially if done at the same time, should be avoided. Bed rest can increase pain.

How do I know I have a disc prolapse causing my pain?

Sciatica due to a disc prolapse is normally identified by your GP. Further investigations are required if the pain is worsening or not improving, or when legs are becoming weaker or, rarely, when someone is unable to control their bladder or bowel. The most commonly used investigation is an MRI scan. This shows the disc prolapse, which confirms the clinical diagnosis.

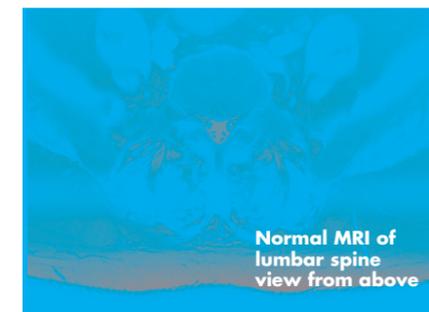
However, as you age so does your spine, and MRI scans will often show normal ageing processes such as minor disc bulges. It is an important skill for doctors to marry up the clinical situation with the MRI scan findings – in other words to treat the 'man' and not the scan.



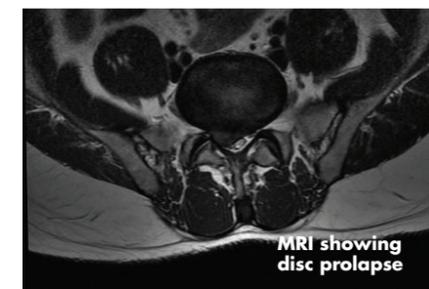
Normal MRI of lumbar spine view from side



MRI showing disc prolapse



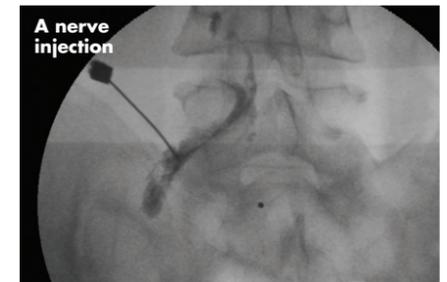
Normal MRI of lumbar spine view from above



MRI showing disc prolapse

How can a spinal surgeon help?

Nerve injections can be a simple, low risk way of alleviating sciatica due to a disc prolapse. This can effectively reduce pain by half to three-quarters. In patients who are considered suitable for surgery, half may have an improvement in their pain such that they subsequently avoid an operation. 'I have yet to meet a spinal surgeon who would themselves have an operation for a simple disc prolapse without first having tried a nerve injection,' Mr McCarthy comments.

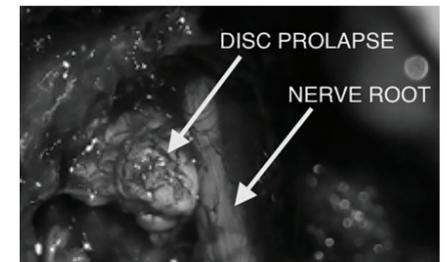


A nerve injection

When to consider an operation?

The microdiscectomy procedure for sciatica due to a disc prolapse is arguably the most common spinal surgical procedure and probably the most successful. Mr McCarthy performs this routinely through a minimally invasive keyhole incision.

In rare instances when a disc prolapse causes bladder or bowel problems, emergency surgery may be necessary. If there is significant leg weakness, then an operation may be called for. In most cases, surgery is performed for leg pain and it is more than 90% successful at improving the pain.



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