

# Low back pain and sciatica

## Information for patients from the Physiotherapy Department

Most people will experience low back pain at some point during their lives and many people have recurring episodes throughout. This leaflet will explain why we get back pain and sciatica and, most importantly, show you how to manage episodes.

### What is low back pain and sciatica?

Low back pain is pain located between the waist and buttocks. Sciatica is pain in the leg caused by a nerve being compressed or irritated in the back.

### What causes back pain?

Most back pain is not due to anything serious. In most cases, pain is caused by nonspecific issues such as stiff joints, tight ligaments, or weak muscles. Unfortunately, the longer these problems exist the more 'out of condition' your back will become.

Your back is designed for movement and it needs movement to improve these mechanical problems. The most important thing to remember is that slowly increasing your activity level and returning to normal may cause your back to ache but this pain does not lead to harm or damage.

### What will happen if I do not exercise my back?

Research has shown us that back pain can worsen over time, if it is allowed to. Reducing your activity levels or changing your behaviour towards movement can lead to you experiencing more pain. This in turn may lead to stress and anxiety which will also contribute to increased pain and activity levels further reducing. Remember, if you do not use it, you will lose it. To avoid this situation you need to maintain fearless, thoughtless movement.

You can expect to have good and bad periods with your back pain. This is normal.



## When will my back get better?

Improvements in pain vary greatly from person to person. Some people's pain will get better in a few days, others in a few weeks or months. Unfortunately some people experience pain for much longer and can become less active due to having persistent or recurrent pain. The purpose of this leaflet is to show you how to try and avoid this.

## What should I do?

The people who cope best with back pain are those who stay active and get back to normal movement despite their pain. Here are some things you should consider.

- **Painkillers** can be helpful for some people with back pain and/or sciatica. Different painkillers may be prescribed depending on your general health and the type of pain. Painkillers may have side effects and some can become addictive; your GP or pharmacist can discuss suitable painkillers with you.
- **Keep positive.** Learning to relax is very important when it comes to managing your pain. Stress and anxiety can put healing on hold.
- **Do not avoid normal day to day activities** as this will gradually lead to your back becoming stiffer and weaker.
- **Pace yourself** when you start to increase your activity levels and remember that new activities may cause pain but will not cause harm or damage.
- **Set yourself realistic and achievable goals.** Sometimes aches and pains can last a long time but that does not mean it is serious.
- **Keep active**, we are not designed to be sedentary (sit still); you can start by trying short walks.

## How do I deal with flare ups?

Good and bad spells are normal with back pain. The most important thing is to find your own way of dealing with the bad days so they do not linger for too long. Doctors and physiotherapists can guide you; but here are some useful suggestions.

- Use something to control the pain
- Recognise what is happening; do not panic!
- If necessary, make small changes to your activities for a short time
- Stay active.

## Do I need tests?

Your doctor will normally be able to diagnose simple low back pain or sciatica from your description of the pain, and by examining you. In most cases, no tests are needed. Tests such as x-rays or scans may be advised if high levels of pain continue, or if a serious cause of the pain is suspected.

## How can I manage my back pain and/or sciatica?

There is no quick fix; here is a brief outline of what treatments are available.

- **Conservative (non-surgical)**

Most people do not need surgery; conservative management involves advice, education, and exercises provided by a physiotherapist.

Physiotherapy usually includes an assessment of your back followed by advice, encouragement to gradually return to normal activities, and home exercises. It may also involve 'hands on' treatment. Your physiotherapist may also offer you hydrotherapy, acupuncture, or class based exercises depending on the results of your assessment and what treatments you would prefer.

The aim of physiotherapy is to help you return to your normal activities and to teach you how to manage your back pain in the future. Back pain and/or sciatica can keep happening, so it is important to continue with your exercises once you have finished your physiotherapy.

- **Injection therapy**

**Facet joint injections** - steroid injections into the small joints in your back (facet joints) can be performed. These are carried out with the aim to reduce the pain in your back by reducing any local inflammation (swelling). They also allow the consultant to diagnose the source of your pain.

**Epidural and nerve root block injections** are carried out with the aim to reduce inflammation around your nerves. They can be useful for some patients with sciatica in helping reduce leg pain.

Epidurals, nerve root blocks, and facet joint injections may help you continue to become more active again and to do your exercises. There are leaflets available on the East Kent Hospitals website ([www.ekhft.nhs.uk/patientinformation](http://www.ekhft.nhs.uk/patientinformation)) which describe the procedures in more detail.

- **Surgery**

In some cases, you and your consultant may decide that an operation is necessary to help you, depending on your symptoms and results from specific tests such as x-rays or MRI (Magnetic Resonance Imaging) scans. The most common procedure is a discectomy which is done to reduce sciatica leg pain. After surgery you will be given exercises to help with your rehabilitation.

## What is Cauda Equina Syndrome?

Many patients have a combination of back pain, leg pain, leg numbness, and weakness. These symptoms can be distressing for you but do not necessarily need emergency medical attention. A rare but serious back condition, Cauda Equina Syndrome, can however lead to permanent damage or disability and will need to be seen by an Emergency Specialist Spinal Team.

## What are the warning signs of Cauda Equina Syndrome?

These are some of the warning signs of Cauda Equina Syndrome:

- Loss of feeling / pins and needles between your inner thighs or genitals
- Numbness in or around your back passage or buttocks
- It feels different when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate
- Increasing difficulty when you try to stop or control your flow of urine
- Loss of feeling when you pass urine
- Leaking of urine or a recent need to use incontinence pads
- Not knowing when your bladder is either full or empty
- Inability to stop a bowel movement or leaking
- Loss of feeling when you pass a bowel motion
- Change in ability to achieve an erection or ejaculate
- Loss of sensation in your genitals during sexual intercourse.

Any combination of these warning signs and you must ask for help immediately.

## What can I do to prevent back pain?

- **Be a healthy weight** - too much weight can put more load and strain on your lower back. The NHS website has a healthy weight calculator to help you find out whether you need to lose weight and a 12 week weight loss program  
**Web:** [www.nhs.uk/livewell/weight-loss-guide/Pages/weight-loss-guide.aspx](http://www.nhs.uk/livewell/weight-loss-guide/Pages/weight-loss-guide.aspx)
- **Reduce stress, tension, and anxiety** - these conditions can all cause and worsen back pain.  
**Web:** [www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx](http://www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx)
- **Stay active** - regular exercise such as walking, going to the gym, and swimming can be helpful, along with regular breaks from sitting.
- **Giving up smoking** - smokers have been found to be three times more likely to develop persistent back pain. One of the reasons is that smoking reduces blood flow to the spine making it more vulnerable to injury. There is help and support available if you are considering giving up smoking through your GP or through the NHS website.  
**Web:** [www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx](http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx)

## Summary

It is important to remember that back pain is rarely due to anything serious. You must remain active and remember that activity might cause pain but will not cause harm or damage. It is normal to have ups and downs for a while but despite this you must live life as normally as possible. Avoid resting for long periods, as these will lead to more stiffness and weakness in your back.

## Further information

For further information please contact the physiotherapy department at your local hospital.

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhuft.nhs.uk/patientinformation](http://www.ekhuft.nhs.uk/patientinformation)