

# **PATIENT INFORMATION**

## **Sciatica**

## What is sciatica?

Any pain caused by compression or irritation of the sciatic nerve is known as sciatica.

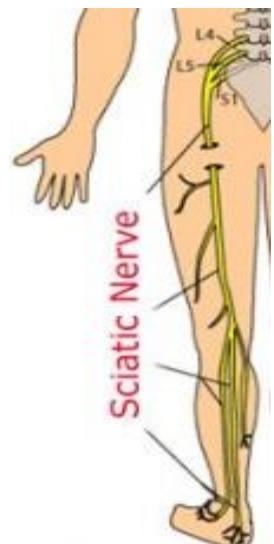
It can develop suddenly or gradually.

Sciatica is not a diagnosis; it is a symptom of an underlying condition.

Sciatica can be acute or chronic.

## What is the sciatic nerve?

- It is the largest nerve in the body.
- Runs from the buttock, down the back of your leg into outside aspect of your foot as shown in the image to the right.



## What are the causes of sciatica?

### ○ **Disc bulge (disc herniation)**

This is where the soft centre of the disc that sits in between two of your vertebra leaks out and herniates through the outer core of the disc, this irritates or pinches the root of the nerve.

### ○ **Degenerative disc disease**

With age the discs dehydrate (lose water content) this decreases the space in between the two vertebra leading to pinching of nerve.

### ○ **Spondylolisthesis**

When one vertebra slips forward onto another one. This can cause the nerve to get pinched.

- **Piriformis syndrome**

The sciatic nerve runs underneath the piriformis muscle in the buttock. If this muscle becomes tight it can irritate the sciatic nerve and produce sciatica type pain.

- **Sacroiliac Joint dysfunction**

- These joints are formed from where the pelvis meets the spine.
- If this joint is not working correctly this can irritate the sciatic nerve.

- **Lumbar spine stenosis.**

- Narrowing of spinal canal associated with age.
- This decreases the space in which the nerve exit the spinal cord and therefore can cause irritation and pinching on the nerve.

## **How is it diagnosed?**

Sciatica is commonly diagnosed by listening to your history and a physical examination encompassing tests that specifically look at sciatic nerve length and function. Formal investigations such as X-Rays/ MRI scans are occasionally done if a cause of your sciatica cannot be established or if your symptoms aren't resolving.

## **What are the symptoms of sciatica?**

Characterised by:

- Pain radiating unilaterally (one side) from the lower back to the lower leg and foot/ toes.

- You may get numbness/ pins and needles within this area of pain.
- Leg pain is usually worse than the lower back pain.
- You may get associated muscle weakness in the affected leg.
- The pain can range from mild to severe.
- It can be made worse by coughing/ sneezing or sitting for prolonged periods.

### **Risk factors for sciatica (Younes et al, 2006)**

- *Age*: Most common at 45-64 years of age.
- *Obesity*
- *Profession*: jobs that require lifting for long periods.
- *Sedentary lifestyle*: sitting for long periods or those that are physically inactive are more likely to develop sciatica than those that are more active.
- Smoking increases the risk.
- Mental stress – makes you more sensitive to pain.

### **What is the outlook for sciatica?**

- For acute sciatica the outlook is good.
- Most pain resolves within 2-4 weeks.
- Most pain, related to disc herniation resolve within 8 weeks from onset.

For chronic sciatica the symptoms may persist for longer and intervention may be required, such as; scans, injections, surgery.

## How common is sciatica?

Sciatica is fairly common. Approximately 12%-43% of people will have sciatica at some point in their lifetime (Konstantinou and Dunn, 2008.)

## What is the treatment?

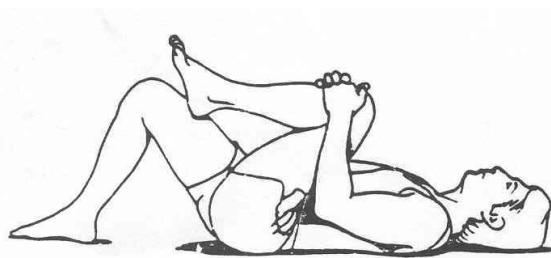
Firstly it is important that during an episode of sciatica that you remain active. Initial treatment (conservative management) is as follows:

- **Heat/ ice:** Depending upon your preference. Heat is useful for muscle relaxing. Ice is useful for acute inflammation.
  - **Ice:** wrap in damp towel, and place onto area for approximately 15 minutes.
  - **Heat:** Again wrap in towel to prevent burning the skin. Apply onto area for 10 minutes
- **Pain relief:** You should speak to your GP to get the best pain medication to suit you. It is important you take medication to control your pain in order to remain active.

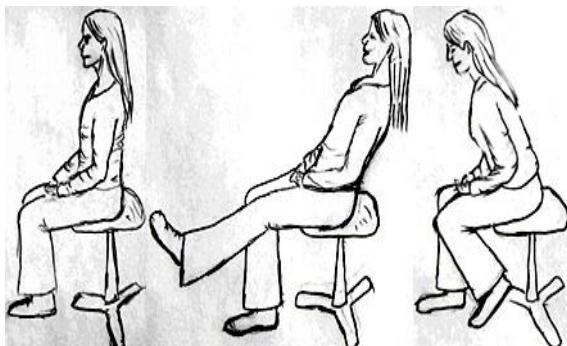
## Exercise:

### 1) Knee to chest

Lying flat bend both knees. Pull the knee of your affected leg towards you. Hold this stretch 15-30 seconds. Repeat x10.



## 2) Sciatic swings



Sitting down swing your leg until it is straight and then bend it right back.

This stretches the sciatic nerve.

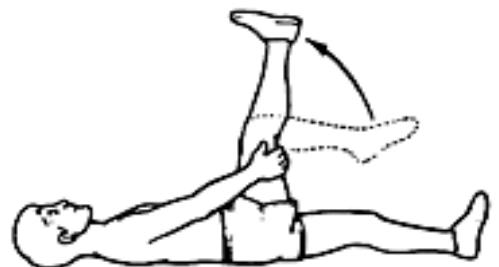
Repeat for 1 minute.

## 3) Sciatic stretch

Lying flat on back hold affected leg behind the knee.

Slowly straighten and bend your knee bringing your foot towards you.

Hold the stretch for 15-30 seconds, repeat x10.



## 4) Back extension

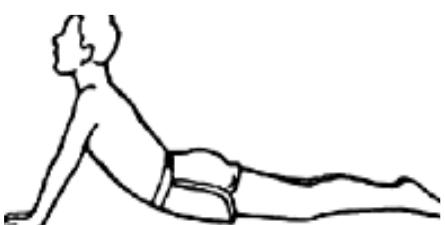
There are three stages to this exercise, progress through these as pain allows:



1. Lying flat on stomach, slightly arching back through forearms



2. Lying on stomach, push up onto your forearms.



3. Lying flat bring yourself up onto your hands.- Complete x10.

## 5) Hamstring stretch

Standing – straighten your affected leg and bend your other knee.

Lift your foot up of the leg you are stretching and hold for 15-30 seconds.

-Repeat x5.



## Prevention- things to remember:

It is not always possible to prevent sciatica however there are things that you can do to decrease the risk of reoccurrence.

### Lifting:

- Distribute using knees, keeping back straight.
- Avoid twisting back when lifting the weight of what you are lifting evenly.
- Bend
- Keep the load close to your waist.
- Push a weight, don't pull it towards you.

### Posture:

- Paying attention to your body position.
- Keeping shoulders back, chin tucked in.
- Allowing for the natural curve at bottom of spine, and supporting this with pillows if needed.
- Trying to control deep core muscles that help to support and stabilise your back.

### Regular exercise:

- As described on the previous page.
- But also KEEP MOVING! This is important to prevent any stiffness and prevent weight gain.

### Pacing of activities:

- Performing activities are likely to stimulate pain due to positional changes; therefore it is important to complete them at a slower rate and at a reduced level, and then build up to your original activity.

### Return to normal activities as soon as possible:

- There is no need to wait for complete resolution of your pain to return to normal activity.
- Adjustments can be made at work to enable earlier return to work.
- Returning helps you to get back to normal activity and provide a distraction from the pain, this helps to relieve your pain.

All exercises should be performed at least twice daily.

Exercise prescribed based on NICE guidelines.

If any exercises cause adverse effects; i.e. increase pain/ change in pain then either stop or decrease the amount you are doing and observe any effects.

**During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.**

### **Rehabilitation/Therapy**

If you have any concerns or questions regarding your rehabilitation, please contact either the Clinical Therapy Manager on 01704 704150 or 01695 656268 or the Head of Therapy and Rehabilitation on 01704 704147.

### **INFECTION CONTROL REQUEST**

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high, our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

## **ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:**

Contact your GP or Accident & Emergency Department if you experience any of the following new symptoms:

- Difficulty passing or controlling urine
- Numbness around the back passage or genitals
- Numbness, pins and needles or weakness in both legs at the same time
- Unexplained unsteadiness on your feet

## **CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION**

Your own GP –

## **OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:**

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

**If you require any further information, liaise with the healthcare professional responsible for your care (podiatrist or physiotherapist.)**

**Information for this leaflet resourced from:**

Institute for Clinical Systems Improvement (2012). Health care guideline: adult acute and subacute low back pain. [ICSI 2012 Nov PDF](#)

Konstantinou, K. Dunn, K (2008) Sciatica: review of epidemiological studies and prevalence estimates. *Spine* 33(22), 2464-2472.

NICE (2009) Clinical knowledge summaries: Sciatica (lumbar radiculopathy) <http://cks.nice.org.uk/sciatica-lumbar-radiculopathy#!topicsummary>

Younes, M. Bejia, I. Awuir, Z. et al (2006) Prevalence and risk factors of disc-related sciatica in an urban population in Tunisia. *Pubmed*. 73(5): 538-542pp.

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need this leaflet in an alternative  
format**

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Please remember to complete the **attached Friends and Family Test**.  
Alternatively, you can complete the *Friends and Family Test* on-line by going to: [southportandormskirk.nhs.uk/FFT](http://southportandormskirk.nhs.uk/FFT)  
**Thank you**

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