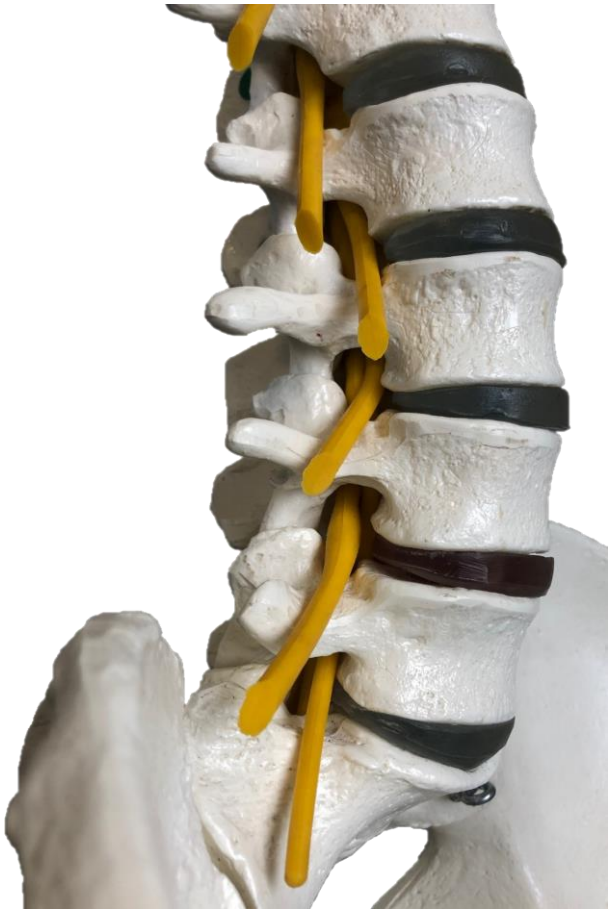
Torbay and South Devon
NHS Foundation Trust

PATIENT INFORMATION

Lumbar Spine

Nerve Pain

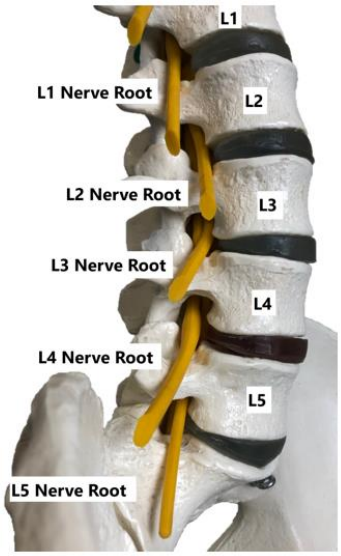


Working with you, for you

A Brief Lower Back Anatomy

The normal lower back (lumbar spine) has 5 bones (vertebrae) and a collection of nerves which branch out in pairs at each level. In between each vertebra there is a disc which acts as a shock absorber and spacer.

The spinal nerves are like electrical wiring, providing signals to areas within the leg. These control sensation and movement but can cause pain when they are affected.



Treatment

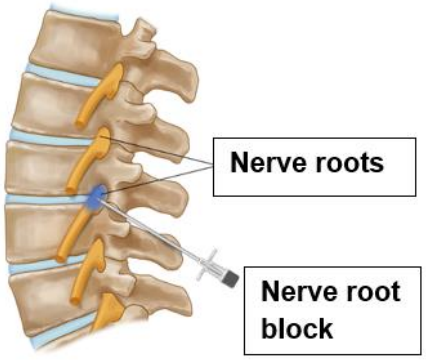
When the clinical diagnosis and MRI findings correlate, a target for injection treatment can be identified. This is known as a nerve root injection, and can both improve symptoms and aid diagnosis.

Nerve root injections or 'nerve root blocks' are used to reduce pain in a particular area if you have lower limb pain such as sciatica.

The injection is done in Radiology. Imaging is used to help guide a needle into the area where the affected nerve root is. The injection consists of a corticosteroid and local anaesthetic. **You may be asked to lay on your front or side for the injection.**

The injection can reduce pain and inflammation around the nerve root. It can take some time to have an effect. These injections can treat your symptoms. They can also help us to decide whether surgery is likely to be beneficial.

For online videos and further information about MRI scans and targeted injections, please go to: http://videos.torbayandsouthdevon.nhs.uk/radiology



Will I get better?

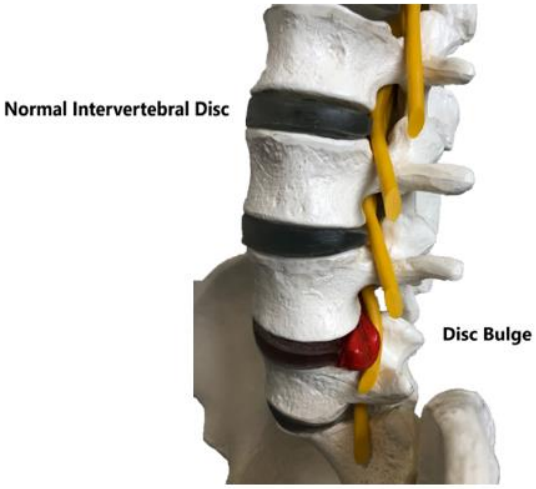
The likelihood is that most nerve root pain will improve naturally over time. Very few people require surgery for their symptoms. NICE guidelines recommend physiotherapy and exercise as a way of managing your symptoms. This can also be helped with the use of simple over the counter pain relief to allow you to move more freely.

If your pain is more severe, you can discuss with your GP about specific nerve pain relief.

Other helpful things may include group exercise such as Tai Chi, Yoga or Pilates. Alternatively, NICE guidelines also recommend therapies such as Psychology and Cognitive Behavioural Therapy.

What is Lumbar Radiculopathy?

Nerve root pain (also called radicular pain or radiculopathy) is the name for pain coming from a nerve in the spine, and is more commonly known as sciatica. A lumbar radiculopathy is usually caused by a disc bulge or prolapse, but there are other causes.



What are the main symptoms of lumbar nerve pain?

Irritation of the nerves in the spine can cause a variety of **leg symptoms**, which differ from person to person. Common symptoms include:

- Pain
- Pins and needles, and Numbness
- Muscle Weakness

Nerve pain normally spreads below the knee in the affected limb. Back pain may or may not be present.

Investigation

MRI is a type of scan which uses magnetic resonance imaging (MRI) to create detailed pictures of your spine.

MRI scans are mainly used to confirm a clinical diagnosis such as pain arising from a nerve root. Once a level is identified which corresponds to your symptoms, this can help to guide treatment

MRI Scanner

How is Lumbar Nerve Pain Diagnosed?

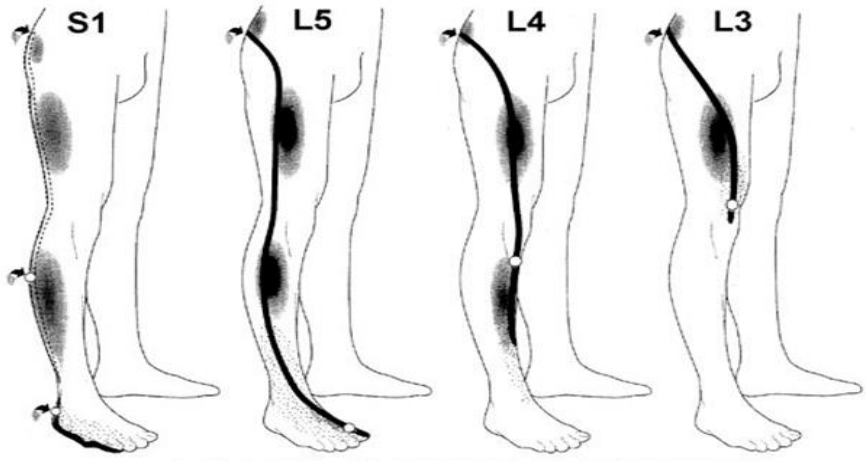
A lumbar radiculopathy is diagnosed from the signs and symptoms you describe alongside an examination, which may include:

- History taking
- Observation
- Movements of the back
- Nerve tests including, sensation, reflexes and muscle power
- Nerve stretching tests

How can this affect me?

Nerve symptoms are felt in the leg depending on the level of the spine that is affected. This usually occurs in the area of the body the affected nerve travels to. The pictures below demonstrate common patterns of symptoms into the leg relative to which nerve level is affected.

Occasionally you may feel weakness around the foot or knee, or altered sensation although this cannot be treated reliably by injections or surgery.



Surgery

If surgery is likely to help improve your pain, then you may be put on a list for discussion at a multi-disciplinary team (MDT) meeting. In this meeting your case may be discussed with one of the Orthopaedic Spinal Surgeons from Royal Devon & Exeter Hospital.

Surgery is rarely required for spinal problems. In fact, **fewer than 10% of patients attending our service are seen by a surgeon**, and even fewer actually have surgery.

Surgery is not reliably used for improving symptoms of low back pain, numbness, pins and needles or weakness. It may only be reliable for improving symptoms of pain in the buttock and leg.

Pain Services

The Pain Management Service are a multi-disciplinary team who help in the management of painful conditions. They include, but are not limited to; Consultant Anaesthetists, Psychologists, Physiotherapists, Nurse Specialists and Exercise Coordinators.

You can access information about the Pain Services at:

https://www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/

ReConnect2Life

Contact details

Physiotherapy Department, Torbay Hospital, Newton Road, Torquay, Devon TQ2 7AA

0300 456 8000 or 01803 614567

TorbayAndSouthDevonFT
@TorbaySDevonNHS
www.torbayandsouthdevon.nhs.uk/

Useful Websites & References

www.spinesurgeons.ac.uk
British Association of Spinal Surgeons including useful patient information for common spinal treatments

https://www.nice.org.uk/guidance/ng59
NICE Guidelines for assessment and management of low back pain and sciatica in over 16s

http://videos.torbayandsouthdevon.nhs.uk/radiology
Radiology TSDFT website

https://www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/ Pain Service Website Reconnect2Life

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.