



Treatment of acute lower back pain

P a t i e n t I n f o r m a t i o n

WHAT IS THE PROBLEM?

You have come to the hospital because you have suddenly or recently developed severe lower back pain. With lower back pain the first step is always to investigate indications of a serious underlying disorder such as a tumour or fracture. The doctor will have talked to you, thoroughly examined you and on the basis thereof will consider it unlikely that your pain is caused by a serious underlying cause, which could be harmful – without immediate treatment. Neither do you have signs of nerve root irritation in your leg.

Despite the fact that you are suffering severe pain, nothing untoward has been found. It is a case of 'non-specific mechanical lower back pain', which means that the pain is probably caused by excessive stress on the joints, ligaments and/or muscles in the back. As a result you may also suffer from pain radiating into your thigh or leg.

WHY HAS NO RADIOLOGICAL EXAMINATION BEEN CARRIED OUT?

Previous experience and studies have shown that radiological examination (RX, CT or MR scan) does not produce any useful additional information in the case of non-specific acute mechanical lower back pain. These images would not have a significant impact on your treatment or recovery.

HOW WILL THE PROBLEM BE DEALT WITH?

The back pain will probably improve relatively quickly of its own accord (after a few days to a week). The best way to promote this improvement is to take into account the following measures:

- X Take up your daily activities again as soon as possible. Take note of any (pain) signals from your body and moderate your activities if necessary.
- X No particular posture or activity is really forbidden, but avoid activities that subsequently increase the pain for several hours.
- X Our experience has shown that walking and regularly changing your posture usually tend to relieve the pain. Warmth can also offer relief. Sitting for long periods and bending over will tend to increase the pain.
- X In the event of severe pain it is advisable to briefly lie on your back with your hips and knees bent at a 90 degree angle. Staying in bed for a long time is not good for your back.
- X If you need medication an anti-inflammatory may be useful during the initial stages of the pain. If necessary you could take paracetamol (1 gram maximum four times a day) as an additional painkiller. Always consult a doctor before taking medication. Painkillers are meant to help you carry out your daily activities more easily, but it is important to take the correct dose. You are not meant to overexert yourself by taking painkillers.
- X Avoid using a corset.
- X Return to work as soon as possible.

X Research has shown that other aspects of your life may have an impact on the pain. For example, emotions such as despondency and/or excessive anxiety when carrying out activities or movements may have an adverse effect on your recovery. Consult your GP if you have symptoms of this kind.

Remain active as that offers the best guarantee for a speedy recovery.

Your GP will also be aware of these medical insights and they will have been notified in writing of your visit to A&E.

WHAT WILL HAPPEN NOW?

It is highly likely that the pain will gradually disappear of its own accord.

If the pain persists for a week, visit your GP. They will provide support and assistance. Be patient. It is still highly likely that the pain will improve spontaneously.

If the pain persists and does not improve after six weeks, you must take additional measures. During this stage your GP will have fast track access to UZ Leuven, more specifically to arrange a consultation with the physical medicine unit of the spinal disorder care programme. To make an appointment call 016 34 25 60.

WHAT SHOULD I PAY SPECIFIC ATTENTION TO?

Consult your GP

- If you develop nerve root pain in one or both legs. Nerve root pain is a stabbing, shooting or sharp, severe pain radiating from the back to one or both legs.

Go to A&E without delay

- If you develop weakness in your legs, i.e you can no longer easily move your feet up and down, stand on your heels or tiptoes or your knees are giving way.
- If you suffer from sensory disturbances (numbness, tingling) in your buttocks, anal or genital area.
- If you have problems urinating and/or passing stools.
- If you suffer from erectile dysfunction.

FURTHER INFORMATION

You can find more information on our website:
www.uzleuven.be/zorgprogramma-wervelkolomaandoeningen

Obviously you can also contact your GP about any questions you may have.

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