



Treatment of acute lower back pain with nerve root irritation

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 lower back pain which radiates down into the leg. The first step with lower back pain is always to investigate possible indications of a serious underlying disorder such as a tumour or fracture.

The doctor at A&E 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.

Secondly, the cause of the pain in your leg is investigated. This could be pain radiating from muscles or joints, but in your case it appears to be the result of irritation of a nerve root in the lower back. Nerve root pain also referred to as sciatica can be caused by a herniated disc in the back or narrowing as a result of osteoarthritis. The intensity of the pain is not proportional to the degree of nerve root irritation. During this stage weakness in your leg is the most decisive factor in terms of further treatment. In your case no significant signs of weakness were detected. You may have signs of sensory disturbance, but that does not currently have an impact on your treatment.

WHY HAS NO RADIOLOGICAL EXAMINATION BEEN CARRIED OUT?

Previous experience and studies have shown that the pain radiating into the leg usually improves spontaneously. Radiological examination (RX, CT or MR scan) in the case of non-specific acute (mechanical) lower back pain with nerve root irritation can highlight disc herniation or narrowing as a result of osteoarthritis, but at this stage it will not affect your treatment and recovery.

HOW WILL THE PROBLEM BE DEALT WITH?

The pain in your back and leg will probably improve of its own accord, but it may take several weeks. 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. 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. Heat 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) and/or tramadol 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 will have been notified of your visit to A&E.

If necessary A&E will issue a certificate to cover a brief period of incapacity to work, which can, if necessary, be extended by your GP.

WHAT WILL HAPPEN NOW?

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

Visit your GP after one week. They will provide support and assistance. Be patient.

Visit your GP sooner if the pain spreads or you suffer signs of sensory disturbance.

If the pain is very severe your GP will be able to quickly access UZ Leuven, i.e. arrange a consultation with the spinal disorder care programme, so that measures such as medication, physiotherapy and/or nerve root infiltration can be considered to make you more comfortable.

If the pain persists nevertheless, an operation may be an option from six weeks after the onset of the radiating pain. During that period your GP will have fast track access to the neurosurgery or orthopaedics surgery departments for advice. If necessary, particularly if infiltration or an operation are being considered, a scan will be arranged. To make an appointment call 016 34 25 60.

WHAT SHOULD I PAY SPECIFIC ATTENTION TO?

Return to A&E

- If you suffer from weakness in the feet or legs, even if it coincides with a reduction in pain, i.e. you can no longer move your feet up and down easily, no longer stand on tiptoe or on your heels 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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