

# Back pain and sciatica



## What is lower back pain?

Lower back pain is pain felt in your lower back (lumbar spine). Your lower back is the part of your spine between the bottom of your ribs and the top of your pelvis. This part of your spine is designed to be strong and allows you to turn, twist or bend and to stand, walk and lift.

Most people have pain in their lower back at some time in their lives. It will usually get better with time, but it is not uncommon for lower back pain to return.

## What causes lower back pain?

A specific cause for lower back pain cannot be identified most of the time. This does not prevent treatment and recovery.

If you have pain that goes down your leg (called sciatica) this can be related to irritation of the nerve that supplies that area. Your doctor can examine you and advise if this is a cause.

Often x-rays and scans show changes such as disc bulges or arthritis. These changes are common as we get older and will also occur in people without any pain. In people with lower back pain, x-ray or scan reports will usually not provide a specific explanation for the symptoms and are not always indicated.

## How is lower back pain diagnosed?

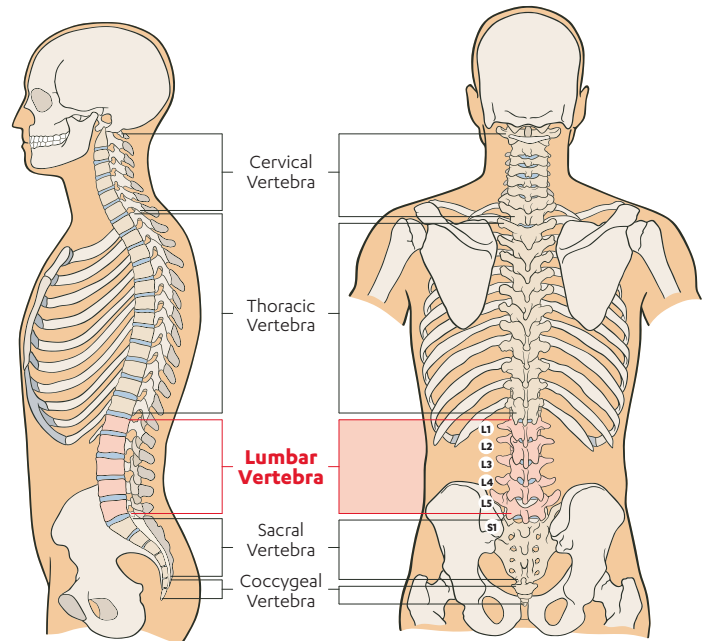
Very rarely, back pain is due to a serious cause, however it is very important to rule this out. A doctor will ask you questions about your symptoms and examine you to exclude any concerning features. In most cases, additional investigations such as x-rays and blood tests are not needed, especially if there are no concerning features in your assessment. In these situations, performing tests can sometimes cause more harm than good.

## Treatment

The main goal of treatment is to help you find ways to manage your pain and return to your usual activities. Most cases of lower back pain will usually get better with simple treatment and time. Often lower back pain is best managed at home, provided you have someone to help you to perform your daily functions.

## When is surgery recommended?

Patients with certain conditions may be referred to see a specialist such as a neurosurgeon for further assessment or treatment. This may include injections or, in some cases, surgery. Most of the time, surgery is not required.



## Types of lower back surgery

### Lumbar spine surgery

Spinal surgery is usually performed to reduce symptoms and prevent further injury to the nerves in your back, when other treatments have been unsuccessful and your quality of life is affected.

Leg pain, or sciatica, is a common symptom of nerve injury. Other possible symptoms include numbness, tingling, pins and needles and weakness, which can extend down one or both legs. Surgery can be performed at one or more levels of the lower back, depending on your diagnosis.

### Lumbar decompression

A lumbar decompression aims to relieve pain caused by pressure on one or more nerves in the lower back, often caused by a damaged disc and/or narrowed spinal canal. Examples include microdiscectomy and laminectomy, both surgical procedures which may be performed to relieve sciatic pain.

### Lumbar fusion

A lumbar fusion is usually performed when there is abnormal or excessive movement between the vertebrae (bones), causing excessive pain and limiting your ability to function normally. A lumbar fusion is designed to improve quality of life by fusing two or more vertebrae together and restricting the painful movement of the affected area.

## How can you prevent back pain?

There are a number of lifestyle factors that can contribute to lower back pain. These include being overweight, lack of physical activity, smoking, poor sleep and stress. Addressing these factors can help prevent further episodes of back pain.

### The key points to remember are:

- Bed rest is not recommended and can make things worse
- Return to your usual activities as soon as possible. It is important to keep moving with activities such as walking, as much as your pain allows. Staying active helps recovery and assists in the prevention of long-term problems.
- You may need to use pain-relieving medicines to help you stay active. Your doctor will advise you about suitable options for your condition. It is usually best to take them regularly initially, to allow a gradual return to your normal activities.
- If you are working, a program of modified duties or reduced hours of work may be needed for a short period. This applies to work at home as well.
- A physiotherapist can assist with exercises, advice and treatment to help with your current pain as well as prevent any future back pain.

## Home care

- Concentrate on managing your pain and staying active
- Change positions regularly. It is fine to sit, stand or walk as much as is comfortable, but you may initially find it difficult to tolerate any one position for long periods of time.
- Keep moving. Walk as much as you can and gradually increase the distance. Initially you may need crutches or a walking frame. As pain allows, return to your normal activities, including school and work.
- A heat-pack can help relax your back muscles and decrease the pain. It can be applied for up to 20 minutes every hour, as needed. Check your skin after five minutes; if a rash or irritation occurs, remove the heat pack.
- Take pain medications as advised by your doctor. These may include paracetamol or ibuprofen. You may be given stronger pain medications for a short time to help you get moving. These are usually only used for the first few days and then they may be changed to another medication. Avoid driving a car or operating machinery if the pain medication makes you drowsy.
- Physiotherapy can assist in providing you with advice, treatment and exercises to help your recovery and prevent reoccurrence of your pain

## Cabrini neurosurgeons

| Neurosurgeon             | Consulting rooms  | Phone          |
|--------------------------|---|----------------|
| Mr Iwan Bennett          | Brain & Spine Surgery Centre, 159 Wattletree Road, Malvern                | (03) 9509 4424 |
| Mr Kristian Bulluss      | Suite B, Level 2, Healy Wing, 41 Victoria Parade, Fitzroy                 | (03) 9496 4619 |
| Prof Gavin Davis         | Cabrini Malvern, 183 Wattletree Road, Malvern                             | (03) 9509 2411 |
| Mr Armin Drnda           | Cabrini Malvern, 183 Wattletree Road, Malvern                             | (03) 9508 6000 |
| A/Prof Tony Goldschlager | 198 Wattletree Road, Malvern  | (03) 9527 6482 |
| Mr Matthew Jared Gutman  | Suite 2, Level 3, 55 Victoria Parade, Fitzroy                             | (03) 9417 3444 |
| A/Prof Leon Lai          | Monash Specialist Centre Clayton, Suite 12, 212-220 Clayton Road, Clayton | (03) 9527 6482 |
| Mr John McMahon          | Cabrini Malvern, 183 Wattletree Road, Malvern                             | (03) 9576 1360 |
| Mr Nicholas Maartens     | Brain & Spine Surgery Centre, 159 Wattletree Road, Malvern                | (03) 9509 4424 |
| Mr Myron Rogers          | Cabrini Malvern, Suite 53, 183 Wattletree Road, Malvern                   | (03) 9576 0511 |
| Mr Reece Sher            | Hawthorn East, Epworth Medical Centre, John Fawkner Private Hospital      | (03) 7038 3555 |
| Mr Chris Xenos           | Cabrini Malvern, 183 Wattletree Road, Malvern                             | (03) 9545 6924 |

For further information about neurosurgical services at Cabrini, please visit: [www.cabrini.com.au/neurosurgery](http://www.cabrini.com.au/neurosurgery) or talk to your GP for a referral