



Sciatica & Low Back Pain

Tips to avoid surgery

Low back pain and sciatica are common affecting many adults of all ages and can impair your golf swing and mobility around the golf course. There are unusual or rare cases of low back pain that are due to specific medical conditions that your health professional should be able to identify with some careful and detailed questioning.

The majority of low back pain is 'mechanical' as there is no definitive pathology identified. It's often aching, widespread and located from the mid-spine to the upper thighs due to the wide area of innervation nerves in the lower back. Para-lumbar muscle spasm may cause persistent low back pain as the muscles stop working together resulting in a stiff back.

Sciatica is when there is nerve related or neuropathic pain, usually a constant searing or burning pain radiating below the knee. This occurs when a major spinal nerve is damaged by a prolapsed intervertebral disc or a bony outgrowth causing narrowing of a nerve exit space as it leaves the spinal canal.

These complaints may settle over a short period. Initially they may be helped by over-the-counter

painkillers such as Co-codamol and anti-inflammatories. A TENS machine along with non-impact exercise such as walking, swimming, a cross trainer or Pilates and stretching gently undertaken.

When low back pain and sciatica are persistent it may be helpful to see a pain medicine specialist for advice on prescription medication as appropriate to the individual's health needs and the option of spinal injections.

In the case of low back pain this may be a set of X-ray guided diagnostic injections to identify a possible structure that may be generating the pain. These can involve blocking the nerves to the facet joints in the lumbar spine. A secondary target for diagnostic injections may be the sacroiliac joints which may be similarly blocked by injection. Should these injections abolish the pain it



may be necessary to proceed to a radiofrequency lesion denervation procedure to enable longer term recovery from the pain and associated muscle spasm. This involves resetting the nerves with mild heat treatment via a special needle and lesioning machine.

Sciatica can be treated by injecting a spinal nerve with steroid under image guidance.

This is done by a specialist under live imaging to ensure accurate needle placement. The steroid can reset the injured nerve to its resting state rather than is a potent anti-inflammatory to cure the sciatica. A targeted injection of the affected nerve at the point that it exits the spine may help and is also diagnostic.

After injections it is advisable to undertake spinal reconditioning via physiotherapy and non-impact

stretching exercises to help prevent recurrence. Get that tee-off swing back!

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