

Take regular medication to control the pain and help you to return to normal activities. Anti-inflammatory and/or pain-relieving medication can be very helpful and should be used if possible.

- Paracetamol is often sufficient if you take it regularly at full strength. For an adult, this is 1000 mg (usually two 500 mg tablets), four times a day.
- Anti-inflammatory painkillers. Some find that these work better than paracetamol. They include ibuprofen which you can buy at pharmacies or get on prescription. Other types such as diclofenac or naproxen will require a prescription.
- A stronger painkiller such as codeine is an option if anti-inflammatories do not suit or do not work well. Codeine is often taken in addition to paracetamol. Constipation is a common side-effect from codeine. This may make back pain worse if you need to strain to go to the toilet. To prevent constipation, have lots to drink and eat foods with plenty of fibre.

Some people may not be able to take anti-inflammatories. If you suffer with asthma, high blood pressure, kidney failure, or heart failure. Please always check with your GP or Pharmacist if you are unsure and always read the label before taking any medications.

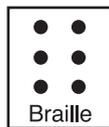
Other Treatments

Only a small number of patients whose pain doesn't settle over the usual time scale may need to go to hospital for tests and other interventions.

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Patient Information
and Guidance
Nerve Root Pain

This information is for those who have nerve pain rather than back pain. This information and guidance leaflet gives you the best and most up to date advice on what to expect and how to manage it.

What is nerve root pain?

Nerve root pain comes from a nerve in your back. Nerves carry messages about sensations and control of muscles, so disorders of your nerves will cause pain, numbness, pins and needles, increased sensitivity or weakness of muscles. The pain is often felt in the area of the body supplied by that nerve. It is common for leg and arm nerves to be affected. Nerve root pain in your back (often called 'sciatica') generally radiates below the knee and is usually caused by a disc prolapse (a 'slipped disc').

Often you will experience a combination of back and leg pains. Brachial neuralgia (nerve pain in the arm) is very similar to sciatica but comes from nerves in your neck.

Most nerve root pain gets better however the pain can vary in intensity; the amount of pain is NOT related to how large your disc is. Distress and fear can often make pain worse so this

information and guidance leaflet is important so that you can understand how best to manage your condition.

The only situation that is considered an emergency is when there is numbness between your legs or if you have difficulty with bladder or bowel control – this is rare but if it occurs, phone 999 or visit your local A&E Department immediately.

Some important Facts

The main risk factors for sciatica are inherited and the most common age for sciatica is 35-40 becoming less common as you get older. In patients attending their GP for the first time with sciatica 75% are better within 28 days. If an episode of sciatica settles there is about a 90% chance it will not happen again in the next ten years.

If you drive more than 1000 miles a week you have a greater chance of developing nerve root pain as well as being overweight. Heavy manual work and repetitive lifting do not seem to be risk factors for sciatica.

Do I need any tests?

Your doctor or therapist will normally diagnose nerve root pain from the description of pain and upon examination. In most cases imaging (such as MRI scans or x-rays) of the spine will not be helpful and won't alter your treatment or recovery time. A scan may be advised if the pain persists.

Most people get better

Most episodes don't last long, medications and therapies can help but there isn't usually a "quick fix". There is a need to wait for the body's natural recovery to take place; most patients are improving well by 6 weeks from the start of their symptoms. By 13 weeks the majority of patients have improved greatly and are virtually back to normal, but low grade symptoms can persist for several months. If the pain 'centralises' (when pain travels out of the limb and towards the spine) this is a good sign that things are improving. Symptoms of numbness or weakness may last longer than the pain.

If your pain isn't improving, affects your ability to lead a normal life and more than four weeks have passed, your GP should refer you to see a specialist. That might be a surgeon, a specialist nurse or someone who can advise about the 'next steps'.

How can I help myself?

Exercise and keep going

Pay particular attention to your posture and continue with normal activities as much as possible. This may not be possible at first if your pain is very bad. However, move around as soon as you are able, and get back to normal activities as soon as possible. Keeping fit and healthy will reduce the risk of recurrence in the future.

As a rule, don't do anything that causes a lot of pain, but don't be frightened of it either, you will have to accept some discomfort when you are trying to keep active. We recommend setting a new goal each day, for example, walking around the house on one day followed by a short walk to the shops the next. Don't panic if you have small set backs in your pain levels, this is quite normal during the healing process.

Sleep

Sleep in the most naturally comfortable position on whatever is the most comfortable surface. There is no evidence to say that a firm mattress is better than any other type of mattress for people with nerve root pain. Some people find that a small firm pillow between the knees when sleeping on their side helps to ease night time symptoms.

Work

If you work, aim to get back to work as soon as possible, there is no need to wait for complete freedom from pain before returning to work. Returning to work often helps to relieve pain by getting back to a normal pattern of activity and provides a distraction from the pain.

In the past, advice had always been to rest until the pain eases, which we now know is incorrect. You are likely to recover quickly by getting moving again and getting back to work as soon as possible.