

Lumbar Radiculopathy

What is lumbar radiculopathy?

Lumbar radiculopathy (ra•dic•u•lop•a•thy) is when a nerve in your lower back gets irritated. It can cause pain, numbness, tingling, or weakness along the back and leg.

Other names for lumbar radiculopathy:

- Pinched nerve
- Sciatica
- Herniated disc
- Bulging disc
- Slipped disc
- Ruptured disc

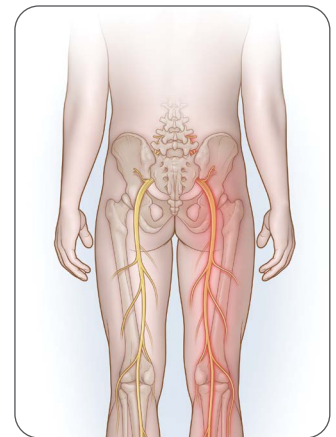
Lumbar radiculopathy can be caused by:

- Herniated disc (also called a ruptured or bulging disc).
- Bone spurs or arthritis (also called spondylosis).

These are both common and often result from normal wear and tear. Smoking increases the wear and tear. If you smoke, it's important to quit. A nerve may be irritated by a particular activity (reaching, lifting), a trauma, like a car accident or fall, or no clear cause at all.

What is a herniated disc?

Your discs absorb shock, protect your spinal cord, and help to keep you flexible. Your discs are made of a hard outer ring and soft spongy material in the middle of the disc. When a disc weakens or is injured, the outer ring is not able to keep the spongy material in the middle of the disc. This is called a herniated disc. Herniate (her•nee•ate) means bulging or sticking out. This disc material and swelling can irritate the nerve.



Lumbar
Radiculopathy



Herniated disc



Bone spurs

What is a bone spur?

- The breakdown of the disc increases stress on the bones of the spine. Sometimes the body tries to stabilize the spine by adding extra bone to the injured area. The extra bone is called a bone spur.
- Bone spurs are often called spondylosis (spon-di-los-is).

What is the treatment for lumbar radiculopathy?

Most spine problems heal over time without surgery in 6 to 12 weeks. They often respond to rest and self-care. Avoid activities that increase the pain in the leg such as bending, running, heavy lifting or strenuous activity. Mild to moderate back pain is ok, but avoid activities that make the pain unbearable.

Non-surgical care

Your health care provider may also suggest early treatments to focus on pain relief. These may include:

- Medicines (acetaminophen, ibuprofen, flexeril): To relieve pain, reduce muscle spasms, and reduce inflammation in your back.
- Physical Therapy: Education on how to keep active along with exercises to help with flexibility and posture, often with the help of a physical therapist.
- Gentle back manipulation: May be beneficial for the back pain but less helpful for leg pain. This is usually done under the guidance of a doctor of osteopathy, chiropractic or physical therapy.
- Injections called Epidural Steroid Injection or ESI: These are injections done under X-ray. These are injections of a steroid medicine to reduce the swelling and pain at the nerve that is being irritated. Injections are much more likely to help leg pain than back pain.

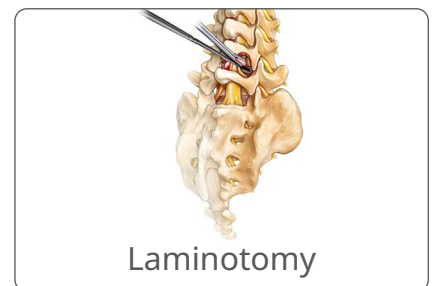
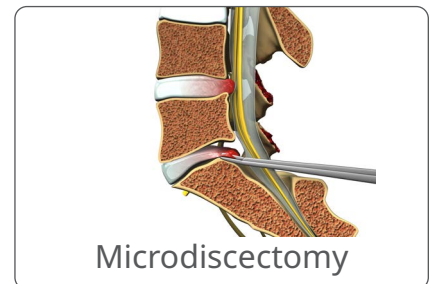
Surgery

Before considering surgery, we recommend that you try nonsurgical treatments for at least 6 weeks, as the body is in its healing phase. Surgery is considered if there is significant and worsening weakness, worsening numbness that limits activity or if pain is not controlled by nonsurgical treatments. Surgery is more helpful for leg pain than back pain. The majority of patients see improvements in pain scores and in data collected by MaineHealth Neurosurgery and Spine approximately 7 in 10 have their expectations met.

What kinds of surgery are done for herniated discs?

Microdiscectomy: This type of surgery is done as minimally invasive surgery. With this surgery, the herniated disc is clipped and removed through a small incision in the back. Most patients go home the same day and gradually get back to most activities within one month.

Laminotomy: With a laminotomy the surgeon removes a sliver of bone in the back of the spine to make the canal for the nerve larger. Most patients go home the same day and gradually get back to most activities within one month.



Lumbar Radiculopathy Decision Grid

Rest and Time	Non-Surgical Care	Surgery
Why might I choose this option?		
<ul style="list-style-type: none"> • Your pain is bearable or improving. • You can do most of your daily activities. • You want to give it more time to heal. • You have other medical issues that make surgery or injections more risky. 	<ul style="list-style-type: none"> • You want to give it more time to heal. • If you have more back pain than leg pain, Physical or manual therapy work as well or better than surgery. • Injections may reduce leg pain faster and speed pain relief. 	<ul style="list-style-type: none"> • You have leg pain, weakness, or loss of use of your leg that is getting worse. • You need to get back to work sooner. • Non-surgical care for 6 weeks has not helped. • Your pain is severe and not controlled with other treatment.
What are the success rates of each option?		
<ul style="list-style-type: none"> • 8 out of 10 people may improve with time and rest as long as the pain can be controlled. 	<ul style="list-style-type: none"> • 8 out of 10 people may improve with time and non-surgical care as long as the pain can be controlled. • Injections reduce leg pain in many patients for a period of time. 	<ul style="list-style-type: none"> • Most people (more than 8 out of 10) will see a significant improvement in leg pain. • Back pain above the beltline is not usually improved with surgery.

Rest and Time	Non-Surgical Care	Surgery
What are the risks?		
<ul style="list-style-type: none"> It may take longer for symptoms to improve. If weakness and numbness get worse, you should contact your provider. 	<ul style="list-style-type: none"> Physical therapy and injection have very low risks. Less than 1 in 1000 people has a complication after an injection. These may include infections, increased pain or very rarely nerve damage. 	<ul style="list-style-type: none"> 1-3 out of 100 people who have minor complications such as an infection or spinal fluid leak need repeat surgery within 3 months. Other risks including reactions to anesthesia, nerve injury or scar tissue with chronic nerve pain are rare.
How long will it take to resume my normal activity?		
<ul style="list-style-type: none"> Some improvement is usually seen within 6 weeks but it may take longer to resume normal activities. If damage to nerve occurs it may take 3 or more months to see full recovery. 	<ul style="list-style-type: none"> Conservative care may improve pain in 6 weeks. Activities may need to be limited for 3 or more months. 	<ul style="list-style-type: none"> Surgery usually helps you recover. However, after one year, people who choose non-surgical care have a similar outcome.
Can this happen again?		
<ul style="list-style-type: none"> Time can improve the disc herniation and many people fully heal. It is always possible for symptoms to return. 	<ul style="list-style-type: none"> Epidural injections can help pain but the disc still needs to heal. Because of this, it is always possible for symptoms to return. Physical therapy can teach exercises and movements that may decrease risk of recurrence. 	<ul style="list-style-type: none"> Surgery does not restore the disc to normal so it is always possible for symptoms to return. Up to 1 out of 10 people have another herniation at the same disc after surgery in their lifetime.



There are many things that you can do to help your body heal and prevent another injury:

- Modify or avoid activities which increase the pain.
- Change positions often or rest in positions that lessen your pain.
- Be aware and use good posture when moving, sitting and standing.
- Use ice or heat for comfort.
- Do stretching and simple exercises in comfortable amounts.
- Stop smoking.
- Get enough sleep.
- Eat a healthy diet.
- Drink plenty of water to stay hydrated

When is it important to call my health care provider?

Call your health care provider right away if you have any of the following symptoms:

- Weakness that is quickly getting worse.
- Severe numbness that is getting worse.
- Loss of control of bladder or bowels.
- Fever not explained by flu or known infection, such as a bladder infection.

NOTES

