

A photograph of an older man with white hair, wearing a grey button-down shirt over a blue t-shirt and blue jeans. He is sitting on a light-colored sofa, leaning forward with his hands on his lower back, appearing to be in pain. The background shows a window with green shutters.

Sciatica Facts

Information for people in our care

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What is sciatica?

Sciatica is a term used to describe nerve pain in the leg that is caused by a problem in the lower back.

The sciatic nerve is a large nerve that starts in the buttock and travels into the leg. This nerve is formed by smaller nerves known as nerve roots that enter and exit the spine in the lower back. Irritation of these nerve roots can cause pain in the buttock, thigh, calf and foot.



What are symptoms of sciatica?

As well as pain travelling down the leg, people with sciatica can experience burning pain, electric shock type sensations and pins and needles.

More unusual symptoms include a sensation of coldness and running water. This is because irritated nerves send more signals. Some people may also experience numbness or muscle weakness in the leg. This is because some signals in the nerve can be blocked.



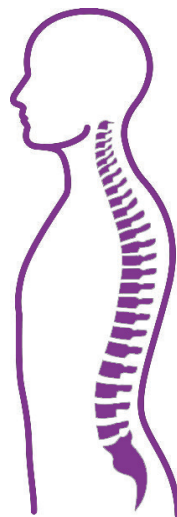
What causes sciatica?

Anything that irritates a nerve root can cause sciatica. A common cause of irritation is compression associated with disc related changes*. The good news is that nerve roots are resilient, they nearly always have wiggle room and some disc related changes shrink over time allowing nerve roots to recover. In some cases, nerve roots are irritated by inflammation without any compression and this can be just as painful.

Importantly, not all disc related changes will compress or irritate nerve roots. Many people of all ages have disc related changes but do not experience any pain.

*Discs are tough circular structures that separate the bones of the lower back. They attach strongly to the bones meaning they cannot 'slip'.

Pain can also be influenced by general factors such as reduced sleep, stress and emotional wellbeing.



Who gets sciatica and how long does it last?

Sciatica affects people of all ages but is most commonly seen in forty and fifty-year-olds.

Pain is usually worse in the first few weeks and reduces the most over the first few months. At twelve weeks, about half of people with sciatica will have significantly improved. At a year, three quarters of people with sciatica will have recovered.

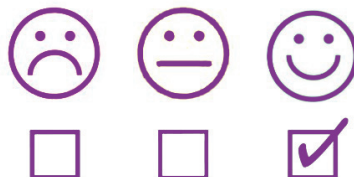


For a group of people though, pain may not improve as expected or recovery may take a long-time. This is because people adapt and cope in different ways.

Discuss how you can assist recovery with your health professional.

How painful is sciatica?

Sciatica symptoms range from mild to severe and can vary from day to day. Symptoms can be intense, unpredictable and very distressing. This can be very scary, but sciatica is rarely dangerous.



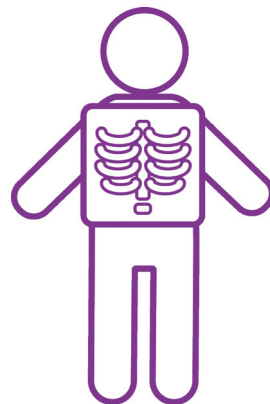
Symptoms can be all consuming. It can be tough to focus on other things. Whilst being supported to manage pain, try to maintain things that bring value to your life. This might include things like going for a walk on the beach, playing with grandchildren, going for a meal with a friend or staying in work. This may be difficult at times but it can help with coping and emotional wellbeing.

Discuss any worries you have with your health professional.

Do I need a scan to diagnose sciatica?

Scans are not usually required to diagnose sciatica.

Sciatica is a clinical diagnosis based on history, symptoms and physical examination. In many cases scans do not influence treatment plans. For a small group of people with sciatica, scans are appropriate as a part of surgical planning or when considering a specialist nerve injection.



Scans are also appropriate when we suspect a person's pain is due to a serious medical condition. Thankfully, these conditions are rare and an assessment with your health professional will help determine if you require a scan.

Discuss any concerns you have with your health professional.

Is the pain travelling down my leg sciatica?

Only 8-10% of back related problems are thought to be truly nerve related. Pain from sensitive muscles and joints of the back and hip can also cause leg pain.

Your health professional can carry out a physical examination to find out if you have sciatica.

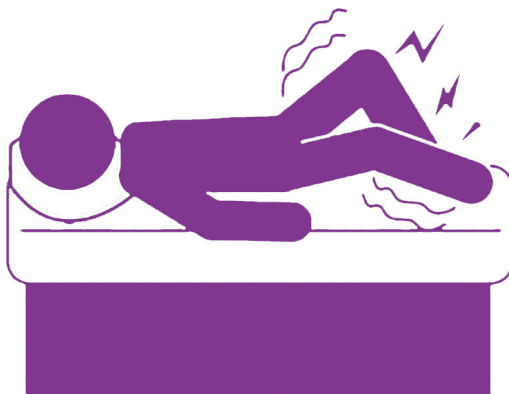
Although very rare, sciatica can be a symptom of a more serious condition. Please refer to <https://myjointhealthhub.bnssg.nhs.uk/back-pain/> for further information on cauda equina syndrome or speak to your health professional.



Sitting and sleeping with sciatica

People with sciatica often find sitting, sleeping or driving postures painful.

Maintaining these postures is not harmful but during times of intense pain it can be helpful to explore different postures or move more regularly.



As pain becomes more tolerable, it can be helpful to relax, move and explore a variety of postures as a part of recovery or rehabilitation programme.

Exercising with sciatica

When pain persists, it is common that nerves become sensitive to movement.

While it can be sensible to rest to begin with or during a flare-up, exercising in a gradual, progressive way is safe and helpful. For many people it helps reduce inflammation and helps to maintain function.

There is no best exercise for people with sciatica so choose activities which you enjoy. The aim is to perform a tolerable level of activity a number of times per week. Examples include a walking programme, swimming, gym or a specific rehabilitation programme offered by a health professional.



How is sciatica managed?

There is a range of management options available for people with sciatica.

These include time to recover, exercise, lifestyle advice (e.g smoking cessation, weight management) and pain relief medicines. In a small group of people specialist nerve injection or surgery may be discussed.

Discuss management options with your health professional.



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