

Sciatica From a Herniated Intervertebral Disc - Option Grid

Your clinician has discussed a diagnosis of herniated disc that is giving you sciatic type symptoms. At Healthshare we encourage a shared decision-making process involving you, the patient in the treatment most appropriate for your condition. The option grid below is based on current evidence.

Frequently Asked Questions	Conservative management	Injection Therapy	Surgery
What does this treatment involve?	Pain relief prescribed by your health professional is taken to reduce the inflammation around the nerve to allow activity / function. Physiotherapy may help and encourage self-management. *1	An injection to the spine of local anesthetic and steroid is used to calm the inflamed nerve. This is typically performed in a theatre setting.	The herniated disc that puts pressure on the nerve is 'trimmed' through a procedure called discectomy and /or decompression. The operation can take up to 2 hours. Most people will stay in hospital for a couple of days, some patients will go home the same day.*2
How soon will I feel better?	Acute symptoms can ease over 6 weeks. 20% of patients are satisfied with their recovery at this time.	Most people who feel relief feel better after the first week.	6 weeks after surgery, 60% of patients are very satisfied with their recovery at this time.
Which treatment gives the best long term results?	Least invasive, least expensive easy to apply and safe. 45% of patients report 'very satisfied' with their symptoms after 1 year.	The evidence based literature does not bias benefit from this intervention.	1 year after surgery 70% of patients are very satisfied with their recovery at this time.
What are the main risks / side effects associated with this treatment?	All medications can have some side effects. Being active is unlikely to interfere with your recovery *1	Less than 1% of patients will experience complications such as infection, bleeding, headaches or local bruising. *2	The main risk associated are Infection – 2% of patients, Blood clots – 1% of patients, nerve damage - <1% of patients. *2
How will this treatment impact my ability to work?	You are encouraged to return to normal activities as soon as you are able to do so.	Most patients will return to work the following day.	Most patients are off work for up to 6-8 weeks.
Will I need any other treatment?	Keep active. Physiotherapy will encourage a functional approach to rehabilitation wherever possible.	Physiotherapy is a good adjunct to injection therapy to encourage an active lifestyle.	Most patients benefit from post-operative physiotherapy to facilitate functional restoration. Approximately 5% of patients may need revision surgery.

References:

- 1 – Low back pain and sciatica in over 16s: assessment and management. NICE guideline [NG59] Published date: November 2016
- 2 – Zaina F et al (2016) Surgical versus non-surgical treatment for lumbar spinal stenosis. *Cochrane Database of Systematic Reviews*