

Nerve Root Irritation

What is it?

- Irritation of the nerve as it leaves the spine leading to arm or leg pain. This can be due to a disc injury, inflammation or age related changes.
- When the nerve becomes irritated it can send pain alongside different sensations such as burning, electric shocks, pins and needles or numbness down the arm or leg.
- Our nerves also control the power in our arms and legs so sometimes there may be weakness. This often will improve with time and exercises.

In very **rare** circumstances some people may also experience changes with the control and sensation of their bladder, bowels, genital area and/or sexual function.

This may indicate a possible emergency condition known as cauda equina syndrome and if you experience any of the above seek urgent medical attention or contact NHS 111 immediately.

Prognosis:

- Disc injuries and inflammation of the nerve can heal and settle down naturally with time.
- Whilst nerve irritation can be very painful and debilitating most people will improve with time and exercises from physiotherapy.
- In the first 6–8 weeks of having symptoms a significant number of people will get better naturally.
- Approximately 60% of patients can get better spontaneously by six weeks.
- 70–80% will feel better by three months.

Do I need a scan?

- Scans are not usually required to diagnose nerve root irritation. In most cases nerve irritation can be diagnosed with a thorough history taking and assessment.
- This is because for the majority of patients scans don't influence the treatment plan.
- MRI scan's are considered when people's pain is not improving or when there is suspicion of a serious medical condition.
- X-Ray's are not routinely offered for nerve root irritation as they only provide limited information.

Medication:

- When you are suffering with nerve root pain medications can be used to help with the pain and to improve your quality of life.
- The medications you may be offered will be dependent on your presentation and your past medical history.
- The decision regarding medication will be down to your GP

Management:

1. Wait and see approach: Approximately 60% of patients get spontaneously better by 6 weeks.

2. Physiotherapy: Physiotherapists can work with you to help restore your normal level of function. They will do this by:

- Exercises to help your spinal range of movement, nerve sensitivity and your general strength and function.
- Advice and reassurance regarding your condition and how to manage it best.
- Other strategies may include manual therapy, which may provide short term relief.

3. Injections: An injection of steroid and anaesthetic into the spine to try and decrease the inflammation around the nerve.

- These are used to try to improve arm or leg pain, they are less beneficial for neck or back pain.
- Small risks can occur (such as infection and nerve damage), so it is not the first line of treatment.
- 60% of patients that require an injection will experience significant benefits from these.

However, the duration of benefit is variable and may last a few weeks, months or years.

4. Surgery:

- Surgery may be considered if the arm or leg symptoms don't improve. This type of surgery is not a treatment for neck pain or low back pain.
- This would always be considered on an individual basis, alongside a Spinal Orthopaedic Consultant to discuss the risks and benefits.

Key Points:

- DO try and stay as active as possible
 - DON'T rest too much this can lead to weakness and stiffness
 - Spinal pain can be scary but it's rarely dangerous
 - Regular exercise may reduce the risk of nerve pain
 - Lifting and bending are not risk factors for nerve pain
 - Getting older doesn't mean you will get spinal pain
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