

Spinal Stenosis

What is it?

- Spinal stenosis is a term used to describe pain that can travel into the leg(s) that originates from the spine.
- In the spine there is a central tunnel and many smaller tunnels that nerves travel through. With age these can gradually narrow and may cause some irritation and/or compression to the nerves.
- Nerves are very resilient and harm is unlikely to be caused to the nerves when pain is felt.
- The most common symptoms include pain into the lower back, with radiating symptoms into the leg(s). You may also experience pins and needles or numbness into the legs.
- Pain is typically worse with standing and walking and better with sitting or bending forwards.

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. If you experience any of the above seek urgent medical attention or contact NHS 111 immediately.

Prognosis:

- Up to 20% of people may improve over time.
- 60% of people's symptoms will stay the same.
- 20% of people may experience a slow worsening of symptoms.

Do I need a scan?

- Scans are not usually required to diagnose spinal stenosis. In most cases it 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 spinal stenosis as they only provide limited information.

Medication:

- When you are suffering with spinal stenosis 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. Conservative Management: These are things you can do to try and help your symptoms in the first instance. These should be trialled for at least 12 weeks.

- Physiotherapy: Physiotherapists can work with you to try to help improve / maintain your normal level of function. They can do this by:
 - Exercises that you can do 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.
- Weight Loss: This is dependent on every patient individually.
- Medication: Please refer to the previous page.

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

- Used generally to try to improve leg pain not lower 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.

3. Surgery:

- Surgery may be considered if the leg symptoms don't improve. This type of surgery is not a treatment for low back pain.
- This would always be considered on an individual basis with 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