Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · NEUROLOGY

Pins and needles and numbness
the pattern tells you where the problem is

Tingling and numbness are extremely common and usually harmless — a limb slept on, or a nerve briefly compressed. When they persist, the useful information is the pattern: which fingers, whether both sides, whether it follows a nerve or a stocking distribution. That usually identifies the cause before any test.

Call 999 if numbness comes on

- **suddenly, on one side of the body**, with face droop or speech difficulty — act FAST
- with **numbness around the genitals or back passage**, or bladder or bowel changes
- with **rapidly progressive weakness** of the legs or arms
- **spreading upwards from both feet over hours or days**, with weakness
- after a **significant injury**, particularly to the neck or back
- with **severe chest or back pain**

Numbness in the saddle area with bladder or bowel changes suggests cauda equina syndrome and needs surgery within hours. Ascending weakness and numbness over days may be Guillain-Barré syndrome, which needs urgent hospital assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What the pattern means

- **Thumb, index, middle and half the ring finger**, worse at night, shaking the hand helps — carpal tunnel syndrome.
- **Little finger and half the ring finger**, worse with the elbow bent — ulnar nerve at the elbow.
- **Both feet, symmetrically, in a stocking distribution**, creeping up over months — peripheral neuropathy.
- **Down one leg past the knee**, with back pain — nerve root compression (sciatica).
- **One arm, in a band or stripe**, with neck pain — cervical nerve root.
- **Outer thigh, a patch** — meralgia paraesthetica, from a compressed nerve at the groin.
- **Around the mouth and both hands together**, with anxiety — usually hyperventilation.
- **Patchy, migrating, both sides, with other neurological symptoms** — needs neurological assessment.

Causes of peripheral neuropathy

- **Diabetes** — the commonest cause in the UK, and it can be the presenting feature of undiagnosed diabetes.
- **Vitamin B12 deficiency** — entirely treatable, and damage becomes permanent if left.
- **Alcohol** — a common and under-acknowledged cause.
- **Underactive thyroid**, kidney disease, and coeliac disease.
- **Medicines** — some chemotherapy agents, metronidazole, isoniazid, and long-term metformin (via B12 depletion).
- **Inflammatory and autoimmune conditions**, and less commonly inherited neuropathies.
- In a proportion no cause is found despite full investigation.

B12 deficiency is the one not to miss

Neurological symptoms from B12 deficiency — tingling in the feet, unsteadiness, poor balance in the dark — can become **permanent** if not treated promptly, and they can occur before any anaemia appears. Anyone with unexplained tingling should have B12 checked, and it matters particularly if you are vegan, take metformin or long-term omeprazole, or have had bowel surgery. Never take high-dose folic acid before B12 has been checked — it masks the anaemia while nerve damage continues.

What gets tested

- **Blood tests** — HbA1c or glucose, B12, folate, ferritin, thyroid function, kidney and liver function, full blood count, inflammatory markers, coeliac screening
- **Examination** of sensation, power, reflexes and gait, which localises the problem
- **Nerve conduction studies** where compression or neuropathy needs confirming
- **MRI** of the neck or back where a nerve root or the spinal cord is implicated
- Further testing for inflammatory or inherited causes where indicated

Meanwhile

Helps

- A wrist splint at night for carpal tunnel — often effective on its own
- Avoiding leaning on the elbow for ulnar symptoms
- Checking feet daily if you have numbness, and well-fitting shoes
- Reducing alcohol substantially
- Optimising blood glucose if you have diabetes

Avoid

- Assuming it will settle if it has lasted more than a few weeks
- Taking B vitamins before B12 has been measured
- Walking barefoot with numb feet
- Hot water bottles on numb areas — burns are common
- Ignoring weakness, which is more concerning than numbness alone

Why come to us. Persistent tingling is usually met with reassurance, and the treatable causes — B12, thyroid, diabetes, coeliac — go unchecked. We examine you properly to localise the problem, take the **full neuropathy panel in-house** with results explained the same visit, and arrange nerve conduction studies and MRI through our CQC-registered partners where they are needed. Physiotherapy and splinting are available on site. Seven days a week.

The treatable causes actually checked

Full neuropathy panel in-house, results the same visit.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Blood Tests** · **Musculoskeletal** · **Physiotherapy** · **Private GP Services** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on peripheral neuropathy and nerve entrapment. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.