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 · MUSCULOSKELETAL

Sciatica

severe pain, and usually a good outcome

Sciatica is pain travelling down the leg from an irritated nerve root in the lower back, usually from a disc bulge. It is often more severe than the back pain itself and can be genuinely disabling — and the great majority of cases settle without surgery, though it can take longer than people expect.

Call 999 or go to an emergency department if you have

- **numbness or tingling around the genitals, buttocks or back passage**
- **difficulty passing urine**, or loss of sensation when you do
- **loss of control of bladder or bowels**
- **numbness or weakness in both legs**, or weakness that is worsening
- new **loss of sexual sensation**
- **a foot that drops**, or a leg that is rapidly becoming weaker

These indicate possible cauda equina syndrome, which needs surgery within hours to avoid permanent damage to bladder, bowel and sexual function. Do not wait to see whether it settles. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What sciatica actually is

True sciatica follows a nerve root: pain travelling **below the knee**, often into the calf, foot or toes, frequently with pins and needles, numbness or weakness in a defined area. It is commonly worse on sitting, coughing, sneezing or straining.

Pain confined to the buttock and back of the thigh, without travelling below the knee and without neurological symptoms, is usually referred pain from the back or hip rather than sciatica. The distinction matters, because the treatments differ.

6–8 weeks
when most cases substantially improve

~90%
settle without surgery

Movement
helps; bed rest does not

Managing it

- **Keep moving within tolerance.** Short frequent walks, changing position often. Bed rest delays recovery and does not reduce pain.
- **Find the positions that ease it** — often lying with knees bent and supported, or standing and walking rather than sitting. Use them, and avoid prolonged sitting.
- **Pain relief matters**, because it enables movement. Anti-inflammatories, and paracetamol. Codeine may be used briefly but causes constipation, which worsens everything.
- **Medicines for nerve pain** such as gabapentin or amitriptyline have **disappointing evidence in sciatica specifically** and are no longer routinely recommended, though they are sometimes tried.
- **Heat** for muscle spasm; some people prefer cold.
- **Physiotherapy** with graded movement and nerve mobilisation, and a return-to-activity plan.
- **Stay at work** if you can, with adjustments. Prolonged absence predicts worse outcomes.

Scans early do not help

MRI is not recommended in the first six weeks unless there are red flags or a plan to intervene, because almost everyone over 30 has disc changes on imaging that are unrelated to their symptoms. Finding a bulging disc rarely changes treatment early on, and can make people more fearful and less active — which measurably worsens outcomes.

If it does not settle

- **Nerve root injection** under imaging guidance can substantially reduce pain and buy time for natural recovery.
- **Surgery — microdiscectomy** — is considered where severe pain persists beyond six to twelve weeks despite conservative treatment, or where there is significant progressive weakness. It relieves leg pain quickly and reliably in well-selected people.
- At one to two years the outcomes of surgery and conservative treatment are broadly similar for most people — surgery gets you there faster. That is a genuine choice rather than a foregone conclusion.

Book an appointment if leg pain is severe, has lasted more than six weeks, or you have any weakness or numbness. We offer assessment, MRI arranged quickly through our CQC-registered imaging partners where it is indicated, image-guided nerve root injection, physiotherapy and spinal surgical referral.

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
Open 7 days, 9am–7pm

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: **Physiotherapy** · **MRI scans** · **Orthopaedics** · **All patient leaflets**

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

Ref: TBH-PIL-118

This leaflet is based on current NHS and NICE NG59 guidance on low back pain and sciatica in over 16s. 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.