CONDITION

Sciatica

Sciatica is pain and other symptoms caused by irritation or pressure affecting a nerve in the lower spine.

WHAT IT IS
Leg symptoms from an irritated lower spinal nerve

BODY SYSTEM
Nervous system and spine

MAIN SYMPTOMS
Leg pain, tingling, numbness, weakness

WHAT CAUSES IT
Usually a compressed or inflamed spinal nerve root

HOW IT IS DIAGNOSED
History, neurological examination, and MRI when needed

MAIN TREATMENT
Activity, symptom relief, rehabilitation, and sometimes surgery

CAN IT BE CURED?
Sometimes - settling the cause can relieve symptoms

IS IT AN EMERGENCY?
Sometimes - new bladder trouble or saddle numbness

LONG-TERM OUTLOOK
Most improve, but persistent or recurring symptoms can occur

Overview

Sciatica describes symptoms caused by irritation or pressure affecting a nerve root in the lower spine. Nerve roots are the short nerve branches that leave the spinal cord. They join to form larger nerves, including the sciatic nerve that runs down each leg.

The main symptom is usually pain that travels from the lower back or buttock into one leg. You may also have tingling, numbness, or weakness. The leg symptoms are often more noticeable than any back pain.

Sciatica is not the same as general lower back pain. It follows the path of an affected nerve, although the exact location differs depending on which nerve root is involved. Other conditions can also cause pain in the hip, buttock, or leg, so leg pain is not always sciatica.

Most episodes improve without surgery, often over several weeks to a few months. However, recovery time is different for each person. Symptoms can sometimes last longer or return later.

Sciatica matters because nerve pressure can occasionally affect muscle strength or bladder and bowel control. Knowing which symptoms need routine assessment and which need urgent care is important.

Symptoms

Sciatica usually affects one side of the body. Pain may begin in the lower back or buttock and travel down the back, side, or front of the leg. It can reach the calf, foot, or toes.

People describe the pain in different ways. It may feel burning, sharp, electric, aching, or like a sudden shock. It can be constant or come and go.

Other possible symptoms include:

Back pain may occur, but it is not always present. In some people, the back pain improves while the leg pain continues.

Symptoms affecting both legs, rapidly worsening weakness, numbness around the genitals or bottom, or new bladder or bowel trouble require urgent assessment. These can indicate pressure on the bundle of nerves at the bottom of the spinal canal.

- Tingling or "pins and needles" in the leg or foot
- Areas of reduced feeling or numbness
- Weakness when lifting the foot, standing on the toes, or bending the knee
- Pain that worsens with coughing, sneezing, prolonged sitting, or certain movements

Causes and risk factors

The most common cause is a herniated, or "slipped," disc. Spinal discs are soft cushions between the bones of the spine. A disc can bulge or leak some of its inner material, irritating a nearby nerve root.

Sciatica can also result from narrowing around the nerves. This is called spinal stenosis. It may develop as discs, joints, and ligaments change with age.

Less common causes include a vertebra slipping out of position, a spinal injury, infection, or a growth pressing on a nerve. These causes usually produce other clues in your symptoms or

medical history.

Factors associated with sciatica include increasing age, a previous episode, and work or activities involving repeated lifting, twisting, or prolonged sitting. Smoking, reduced physical fitness, and higher body weight may also contribute to back and disc problems. Having one or more risk factors does not mean you will develop sciatica.

Pregnancy can cause back and pelvic pain, but pain during pregnancy is not automatically sciatica. A healthcare professional can assess whether symptoms follow a nerve pattern or have another cause.

Diagnosis

Sciatica is usually diagnosed from your symptoms and a physical examination. You may be asked where the pain travels, what makes it better or worse, and whether you have numbness, weakness, bladder changes, or bowel changes.

The examination may include checking leg strength, reflexes, sensation, walking, and movements that stretch the affected nerve. One common assessment involves raising the straightened leg while you are lying down to see whether this reproduces the leg pain.

Imaging is not routinely needed at the start of an uncomplicated episode. Many people without symptoms have disc bulges or age-related changes on scans. A scan result must therefore match the symptoms and examination findings.

Magnetic resonance imaging, or MRI, shows discs, nerves, and other soft tissues. It may be recommended when there are signs of a serious cause, symptoms are persistent or worsening, or an injection or operation is being considered.

X-rays show bones but do not clearly show discs or nerve roots. CT scans may be used when MRI is unsuitable. Nerve tests, such as electromyography, are sometimes used when the diagnosis remains uncertain or another nerve condition is possible.

Treatment and management

Treatment aims to reduce symptoms, maintain movement, and allow the irritated nerve to recover. The best approach depends on symptom severity, duration, examination findings, and the underlying cause.

Continuing ordinary activity as much as you reasonably can is usually preferred to prolonged bed rest. Short periods of rest may be needed during severe pain, but staying in bed for long

periods can lead to stiffness and loss of strength. Activities may need to be reduced or changed temporarily rather than stopped completely.

Gentle movement, walking, and a gradual return to usual tasks can help maintain function. A physiotherapist may guide exercises that improve movement, strength, and confidence. Exercise should be matched to what you can manage and adjusted if it clearly worsens the leg symptoms.

Pain medicines may be considered, but their benefits and risks differ. Anti-inflammatory medicines are not suitable for everyone and may have limited benefit for sciatica. Medicines used for other types of nerve pain, oral corticosteroids, benzodiazepines like diazepam or lorazepam , and long-term opioid medicines are not routinely recommended for sciatica in guidance from the UK National Institute for Health and Care Excellence. A clinician or pharmacist can help review safe options in light of your health conditions and other medicines.

An epidural injection places local anaesthetic and corticosteroid medicine around the affected spinal nerves. It may offer modest, short-term relief for some people with severe acute sciatica, but it does not reliably provide lasting relief or correct the underlying structure.

Surgery may be considered if symptoms remain severe despite non-surgical care, or if significant weakness is present. The usual operation removes the disc material or bone pressing on the nerve. Surgery often relieves leg pain faster in appropriately selected people, but it has risks and does not guarantee that symptoms will never return.

Emergency surgery may be needed when nerve pressure affects bladder, bowel, or sexual function, or causes severe or rapidly progressive weakness.

Complications

Persistent nerve irritation can lead to continuing pain, numbness, or weakness. Symptoms may interfere with sleep, mobility, work, exercise, or mood. Reduced activity over a long period can also lower physical fitness.

Permanent nerve damage is uncommon in an ordinary, improving episode, but the risk is greater when severe nerve compression is not treated promptly. Some people are left with an area of altered sensation or mild weakness even after the pain improves.

A rare but serious complication is cauda equina syndrome. This happens when several nerves at the bottom of the spinal canal are compressed. It can affect feeling around the genitals and bottom, bladder or bowel control, sexual function, and strength in both legs. It needs emergency assessment.

Treatments can also cause complications. Medicines may cause side effects, injections can

rarely cause infection or bleeding, and surgery carries risks such as infection, blood clots, spinal fluid leakage, or further nerve injury. These risks should be discussed before a procedure.

Prevention

Not every episode of sciatica can be prevented. Disc changes and narrowing around the nerves can occur with age, and some people develop symptoms without a clear avoidable trigger.

Regular physical activity and maintaining strength may support back health and make everyday movement easier. When lifting, keeping the load close, avoiding sudden twisting, and asking for help with heavy or awkward items may reduce strain.

Changing position during long periods of sitting can help with stiffness and discomfort. If smoking applies to you, stopping may support disc and general health. Maintaining a weight that is healthy for you may also reduce physical load on the spine.

These steps cannot guarantee prevention. After an episode, a gradual return to activity and an exercise plan suited to your needs may help you manage future flare-ups.

Living with it and what to expect

Many people notice meaningful improvement within several weeks, although complete recovery may take longer. Pain often improves before numbness or weakness because nerves can take more time to recover.

Symptoms may fluctuate during recovery. A painful day after increased activity does not always mean that new damage has occurred. It can help to increase activity gradually, change position regularly, and divide demanding tasks into smaller parts.

You may be able to keep working with temporary changes, such as shorter periods of sitting, adjusted lifting, or more frequent movement breaks. The right timing for returning to work depends on your symptoms and job demands, not on being completely pain-free.

Some people have symptoms lasting for months. Persistent pain does not always mean the nerve is still being damaged, but ongoing or worsening symptoms should be reassessed. Further rehabilitation, imaging, an injection, or a surgical opinion may then be considered.

Sciatica can return, including after successful treatment or surgery. Most people can still remain active and continue their usual roles, although some need longer-term changes to

manage recurring symptoms.

When to get medical help

Seek emergency medical care if you develop:

These symptoms may indicate cauda equina syndrome or another serious nerve problem. Do not wait for a routine appointment.

Arrange prompt medical assessment for worsening leg weakness, a foot that starts dragging, severe symptoms after a significant injury, or pain accompanied by fever or feeling generally unwell. You should also seek prompt advice if you have a history of cancer, a weakened immune system, or unexplained weight loss alongside new back or leg symptoms.

Routine follow-up is appropriate when symptoms are not improving after a few weeks, keep returning, disrupt sleep or daily activities, or remain difficult to manage. A review can confirm the likely cause and decide whether rehabilitation, imaging, or specialist assessment would be useful.

- New trouble starting urination, loss of bladder control, or inability to feel bladder fullness
- Loss of bowel control
- New numbness around the genitals, inner thighs, or bottom
- Severe or rapidly worsening weakness, especially in both legs
- Sciatica in both legs together with bladder, bowel, or saddle-area symptoms

Common questions

How long does sciatica last?

Many episodes improve over several weeks to a few months. Some settle sooner, while others persist or return. Recovery may take longer when there is marked weakness, spinal narrowing, or ongoing pressure on a nerve.

Is walking good for sciatica?

Walking is often a useful way to remain active. Start with an amount you can manage and increase gradually. If walking causes a major or lasting increase in leg symptoms, shorten the distance and discuss the pattern during routine follow-up.

Can sciatica cause permanent nerve damage?

It can, but this is uncommon in an uncomplicated episode that is improving. The risk is more

concerning when weakness is worsening or bladder, bowel, or saddle-area symptoms appear. These changes need urgent assessment.

Is sciatica the same as lower back pain?

No. Sciatica involves symptoms travelling along a nerve into the leg. Lower back pain may stay around the spine and buttocks without nerve-related tingling, numbness, or weakness. The two can occur together.

What is the best sleeping position for sciatica?

There is no single best position. Some people are more comfortable on their side with a pillow between the knees, or on their back with support under the knees. Use the position that reduces symptoms and allows you to sleep.

Will I need surgery?

Most people do not. Surgery may be considered when severe symptoms continue despite non-surgical treatment, imaging shows matching nerve pressure, or important weakness develops. Emergency surgery is considered when bladder, bowel, or saddle-area nerve function is affected.

Sources

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