

Putting Pain In Its Place:

Radiating Pain and the Sciatic Nerve

-Barbara (Bobbie) Daitch, MBA

Pain radiating from inflammation of the sciatic nerve, or sciatica, has many causes. It may originate from a herniated disc or spinal stenosis (narrowing of the spinal canal), or from less serious conditions.

A common cause of sciatica is a bulging disc. An experienced interventional pain management physician knows that a simple bulge is not a simple problem. In diagnosing the cause of leg and back pain, a bulging disc is often overlooked yet is the true culprit.

A bulging disc is a sign of disc deterioration. The disc has lost some of its height, and as it “pancakes” outwards, it may touch and irritate the adjacent nerve root. As the disc continues to deteriorate, chemicals may leak from it, causing inflammation of the surrounding tissues. Sciatic pain is the result.

X-rays and MRIs are the main diagnostic tools for detecting a bulging disc. However, they do not always identify the problem. MRIs are normally performed with the patient lying down, yet many people with back pain or sciatica do not have pain when lying down. A truer assessment might be possible by performing MRIs with the patient sitting or standing. The added weight of the spinal column would cause their disc bulge to expand into a protrusion, reproducing the pain the patient experiences on a day-to-day basis.

Epidural steroid injections are commonly used to treat sciatica often without success. To relieve inflammation, a high concentration of the steroid (an anti-inflammatory) must reach the inflamed nerve root,

and when a simple epidural is performed; the medicine may not get close enough to the irritated nerve root.

For this reason, many pain management physicians now perform transforaminal epidural steroid injections.

This technique places concentrated doses of steroid next to the irritated nerves. It involves testing several exiting nerve roots to see which one is affected. Once the offending nerve root is detected, steroid is administered to “turn off” the pain. This highly selective epidural ensures that the medicine reaches the affected nerve root in high concentrations.

Other sciatic conditions can also be treated successfully with transforaminal epidural injections. This technique is often used to treat sciatica in patients who have had previous surgery and still have leg pain, or when their leg pain recurs after some time. In addition, patients with spinal stenosis often experience persistent leg pain; resulting from the nerve root irritation that occurs as the spine degenerates. Medical studies have shown that the leg pain associated with spinal stenosis can be treated successfully with transforaminal epidural injections.

Treatment success is maximized when transforaminal epidural steroid injections are performed under x-ray guidance. The physician can actually see where the needle is going, which ensures the medicine will reach the precise location of the affected nerve.



Dr. Jonathan Daitch of Advanced Pain Management & Spine Specialists

In cases where a disc protrusion, disc bulge, or disc herniation are present and completely unresponsive to epidural injections, percutaneous disc decompression can often resolve recurring sciatic pain. This nonsurgical technique removes about ten percent of the disc through a needle while the patient is comfortably sedated.

Transforaminal epidurals and percutaneous disc decompression have revolutionized pain management.

These advanced techniques have allowed us to help many more patients with sciatica than even a few years ago. Many patients have been able to avoid the need for surgery and live a relatively pain free life.

Life Now!