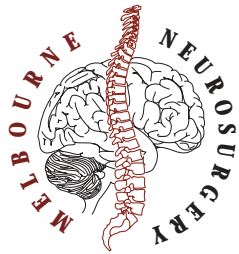


FEMORATICA



THE LUMBAR SPINE

The LUMBAR spine (the bones and discs of the low back) is made up of vertebrae and discs. The vertebrae are the blocks of bone that make up the spine, discs act as cushions between them. The vertebra has a ring of bone on the back that is made from the lamina and the pedicle. When all the vertebrae are stacked on top of one another these rings line up to form a tube (CANAL). This contains all the nerves that go to the legs. The nerves leave the spine by travelling out holes between the vertebrae called foramina.

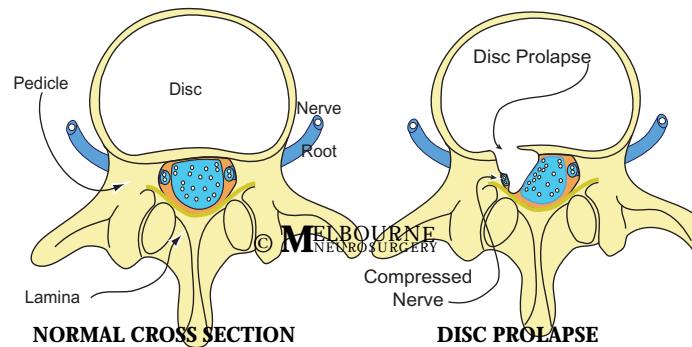
THE DISC

This is made up of two components. An outer capsule (anulus fibrosis) and a soft centre (nucleus pulposus). The capsule (made from laminated fibres) holds in the soft contents and this allows movement of the vertebrae on one another. It can be likened to a tube of toothpaste only the contents is much thicker (more like soft rubber).

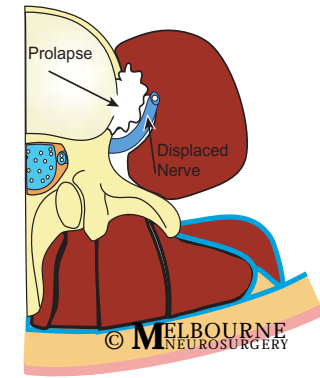
WHAT IS FEMORATICA

This is a symptom (what you complain of). Typically this is pain going into the leg. The usual pain is down the front of the leg, travelling through the thigh, crossing the knee and finally ending up in the front of the calf. There may also be some back or groin discomfort.

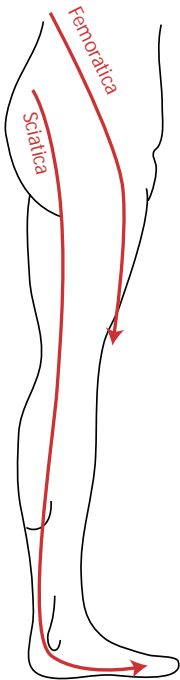
This is usually from compression of the nerves in the back that normally travel down to the thigh. This may produce pain along the length of the nerve in the leg. The nerve in the leg is the femoral nerve and hence the term femoratica for the pain. Your doctor can tell which is the affected nerve from the type of pain.



The Femoral nerve is made from the nerves from the upper part of the lumbar spine (see anatomy leaflet). It is common for femoratica to come from a prolapse outside the spine.



Prolapse outside spine



OTHER SYMPTOMS YOU MAY HAVE

Low Back Pain

This may be non specific or actually a part of the leg pain if it is unilateral. The cause of the back pain is thought to be related to the tear in the capsule of your disc or spasm (cramp) in the muscles of the back. This may be your only symptom of a prolapse.

Numbness and Weakness

This does not always occur. If it does it means that a nerve is very compressed because the nerve is not working properly. The leg may feel like it is going to give way.

Tingling

This is usually on the side of the thigh.

Cramps

These occur in the muscles that are controlled by the affected nerve. They may also occur in the muscles of the back adding to the back pain and these may occur in spasms.

WHY IS FEMORALICA NOT SCIATICA?

They are named after different nerves. The Pain is in a different part of the leg. (see illus)

WHAT CAUSES FEMORALICA ?

As your disc gets older it starts to degenerate. The capsule develops tiny tears in it. These tears can also occur from overloading or straining the disc. Overloading can also produce a tear in the central soft component. Usually there is already something abnormal in a disc before it ruptures. The disc does not have to be overloaded to produce a prolapse, it can happen rolling over in bed. The ruptured disc may push on the nerve that goes down the leg

Referred Pain

Some times a bad joint in the spine can confuse the brain into thinking that pain in the leg is from the nerve or leg when it actually occurs from the facet joints or other structures associated with the spine.

HOW IS IT DIAGNOSED ?

Your doctor will usually make the diagnosis from the symptoms that you have and this will be helped by what he finds on examination and any tests he might do.

WHAT SHOULD YOU DO ?

Visit your local doctor as they can advise and help co-ordinate your care. Initially you may need to rest and take some time off work. After a while you will find that not doing anything will actually make your symptoms worse. This is the time to get back to work doing what you are capable of. Sitting for long periods can aggravate the symptoms. It is important not to lift anything heavy while you are recovering (your doctor will tell you how long you cannot lift for). Some sports may aggravate your symptoms.

HOW IS THIS TREATED ?

Rest initially then **Exercise**

Pain Medication These should be taken regularly to keep the pain away. In the first few weeks they may not work too well.

Anti Inflammatory Drugs If you have problems with ulcers (stomach) or reflux then you cannot take them. These also may not work initially (because the nerve is so compressed) so if you have stopped them they could be tried again.

Physiotherapy There are different types available and you should discuss this with your physio.

Epidural Some people get better with this and it involves injecting some steroids around the nerves in your spine.

HOW LONG UNTIL IT GETS BETTER ?

In most cases the symptoms will resolve spontaneously. This will depend partly on the cause of your sciatica. It takes about 6 weeks in most cases. The first 2 weeks things can be quite bad. The next 2 weeks things start to improve and by the end of the 6th week you are substantially better. Your doctor may not investigate your back initially as they might be waiting to see if you improve. If the cause is a bony spur or canal stenosis it may take 3 months to improve. The longer that you wait the greater the chance of improving. As a general rule, the pain improves first, any weakness gets better next and the numbness is the last to improve.

Tests and Referral ?

PLAIN X-RAYS

These are often the first test. These show that the discs have lost height but they will not show a prolapse.

CAT SCAN

This is usually next. This is a computerised X ray of your back that will show the presence of most disc prolapses.

You are referred to a specialist after the CAT scan in most cases and they organise any further tests.

M.R.I. (Magnetic Resonance Imaging)

This is the next test. It produces pictures like the CAT scan but they are generated using a magnetic field and not using radiation. This test is not always needed if the CAT scan shows the problem.

The common specialists to be referred to are:

Neurosurgeons
Neurologists
Orthopaedic Surgeons
Rheumatologists

This is usually for an opinion and for advice and not always for an operation

WHEN IS SURGERY SUGGESTED ?

(Most patients do not get to this point)

If you are not getting better after trying everything.
If you have severe weakness/numbness.
If you cannot cope with the Pain.
If you are getting worse.

Sometimes the Disc prolapse or canal stenosis can become so severe as to completely stop the function in all the nerves in the canal. This produces loss of power in the legs with complete numbness around the bottom and the loss of function of the bowel and bladder (Cauda Equina Syndrome). This is an emergency and you must go to Hospital immediately because the longer it is like this the less the chance of it getting better with surgery.

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