

Spinal Stenosis

What is Spinal Stenosis?

In our spine, we have gaps (holes) between the bones where the nerves pass through. There is a hole in the middle of the bone, known as the central canal and two holes either side of this, known as the lateral recess. The nerves travel through each of these holes. In some people, the size of these gaps become smaller (narrowed) over time. This is known as Spinal Stenosis. The narrowing of these gaps may be due to the disc, the ligaments or arthritis of the bone.

If the nerves have less space to travel due to a smaller gap, they can become irritated, which can cause pain down one, or both your arms or legs. In our back, this is usually when you're walking or standing for a period. It is usually quickly made better when you sit down.

Remember, there may be a few causes of pains into your legs. It doesn't always mean you have spinal stenosis.

How is it diagnosed?

In most cases, a healthcare professional will be able to diagnose your backpain by talking to you about your experience with it. It can be helpful if you are able to tell them how long you have had it for, what makes it worse? What makes it better Where exactly do you have your pain?

In some cases, they may request an MRI scan of your back. This would be to help plan if surgery or an injection might be an option

Do I need surgery?

Widening of the gaps in your spine is known as a Lumbar Decompression. This surgery can be offered to help with the leg pain you get from stenosis but is usually only considered only if non-surgical management hasn't worked, and symptoms are significantly affecting quality of life.

Surgery will only be recommended if you are healthy enough to withstand the effects of anaesthesia and surgery. It is not a "cure" but another option to lessen symptoms.

Surgery can help with the symptoms in the legs or arms, but will usually not be recommended if back pain is your main issue.

What is the non-surgical management for Spinal Stenosis?

Non-surgical treatment of spinal stenosis is aimed to reduce the level of pain, help increase your quality of life and maintain your tolerance to exercise and day to day activity. Exercise is safe to continue with as long as pain is at a manageable level.

Often if you complete regular exercise that encourages your back to bend forwards, this can be helpful, and sometimes sitting and resting before, and during a walk can allow you to

walk further, with more manageable symptoms. The use of a walking stick or a hiking pole can really help.

Treatment recommendations are based on clinical assessment and best evidence as well as patient preference. Current guidelines recommend an initial 12 weeks of exercise therapy.

Medication may also be advised to help alleviate pain and symptoms, and should allow you to exercise and improve your function. If you have any questions about pain medication, you can discuss this with your GP or pharmacist. You may benefit from pain killers that target specific nerve pain.

How can I help myself?

Anything that improves your general health, and reduces pressure on the spine can help you with this condition. Weight loss, stopping smoking, and looking after your mental health all play an important part in making symptoms more manageable.

Is there anything I should look out for?

Having a serious problem with the spine is rare. But if you do develop any of the below symptoms you should contact your local A&E department or call 111.

- A loss of feeling / pins and needles between your thighs or genitals
- Numbness in or around your back passage or bottom
- A change in sensation when using toilet paper to wipe yourself
- Increasing difficulty when trying to urinate
- Increasing difficulty when you try to stop or control the flow of urine
- Loss of sensation when you pass urine
- Leaking urine that is new for you, or needing to use pads
- Not knowing when your bladder is either full or empty.
- Inability to stop a bowel movement or leaking
- A change in ability to achieve an erection or ejaculate
- Loss of sensation in genitals during sexual intercourse.