

# Low back spinal stenosis

*Your treatment options. Your second opinion.*



## What is Low back spinal stenosis

Your low back may be affected by a condition called spinal stenosis that may cause sciatica (leg and foot pain), low back pain, 'burning' sensation, weakness such as 'foot drop', numbness or tingling in the leg and foot, and difficulty walking and standing straight.

Your spine has 24 vertebrae (bones) stacked up one on top of another. Within the spine, the spinal canal (tunnel) contains the spinal cord and spinal nerves. Spinal stenosis occurs when space in the spinal canal narrows and places pressure on the spinal cord and nerves. Narrowing most often develops following degenerative changes (osteoarthritis) of the spinal joints and discs that lead to extra bone growth, bony spurs and increased ligament size.

The symptoms of lower back spinal stenosis may vary from mild to severe, which in rare cases may also include progressive muscle weakness and loss of bladder or bowel control due to spinal cord and nerve pressure.

Low back pain affects 9 out of 10 Australians at one time in their lives. Spinal stenosis may be a frequent cause of low back pain. It's more likely the older you are and affects half of over 60 year olds.

## Treatment options

Unless there are severe symptoms that require urgent surgery, non-surgical treatments may often be suggested as the initial treatment.

There are several reasons for this. Spinal stenosis itself isn't a dangerous condition and while non-surgical treatments don't correct the narrowing, they may often provide effective long-lasting pain relief.

In addition, your low back pain may also be caused by other structures such as spinal joints, discs and muscles. However there are usually no simple tests that can identify exactly which structure is causing your pain. Fortunately though, non-surgical treatments may often help achieve improvement, regardless of the structure at fault.

## Non-surgical treatments

Non-surgical treatments for spinal stenosis specifically, and low back pain regardless of the cause, may be most effective when provided as part of a supervised and comprehensive program. The treatments may include:

- > Stretching, strengthening and fitness exercises and gentle soft tissue therapy.
- > Medications: paracetamol and codeine to reduce pain, short course non-steroidal anti-inflammatory drugs (NSAIDs) to reduce swelling and inflammation, gabapentin to decrease burning, numbness and tingling symptoms.
- > Epidural steroid injection to reduce swelling and inflammation.
- > Cognitive behavioural therapy: a psychological technique to help you better understand and manage your pain.

## Laminectomy

If you have signs of spinal cord and spinal nerve pressure such as continuing severe intolerable sciatica (or femoralgia), severe leg pain OR progressive leg weakness and loss of bladder or bowel control, or symptoms aren't improving sufficiently with non-surgical treatments, laminectomy may be suggested to you.

Laminectomy (also called decompression surgery) involves cutting away the extra bone, spurs and ligaments to open up the spinal canal. It may be done as open surgery, with an incision (cut) in the back or minimally invasive (keyhole) surgery.

Laminectomy is the most common procedure for spinal stenosis. Sometimes it may be combined with spinal fusion surgery (fuses two vertebrae into a single bone) or discectomy (removes pieces of protruding disc) if there is evidence of significant instability. Another minimally invasive procedure, interspinous process devices, spread the vertebrae apart to open up the spinal canal.

## How to help yourself

There are measures that you can do for spinal stenosis that may help prevent pain coming back or getting worse, and avoid surgery, including:

- > Regular exercise: At least three times a week for about 30 minutes. Start slowly with forward-bending exercises. As you begin to feel stronger, add walking or swimming to your plan.
- > Don't do anything that can trigger or worsen pain such as lifting heavy objects or walking long distances.
- > You can also talk to your doctor about your non-surgical treatments to see if changes or other treatments may be helpful.

*Always consult a medical expert before commencing a course of treatment for any medical condition.*





### **Laminectomy and medical research**

When evaluating you for laminectomy or other treatments for spinal stenosis specifically, or low back pain in general, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that laminectomy for people with spinal stenosis may often be more effective than non-surgical treatments for moderate to severe symptoms.

However studies have also found that in some cases the benefits of laminectomy may not be more effective than non-surgical treatments in the long term, for example after two years. The research also shows that for moderate to severe symptoms of spinal stenosis, while non-surgical treatments may be less effective than laminectomy, they still reduce symptoms for a large proportion of people and this improvement may last up to 10 years.

Surgery is generally not recommended for spinal (back) pain alone.

### **Laminectomy and risks**

Complications of a laminectomy may include paralysis of leg/s, paraplegia, infection, blood clots, damage to the lining surrounding the spinal cord, visual loss, leakage of cerebrospinal fluid and nerve damage.

Understanding the risks is important, particularly given the possibility that laminectomy may not be more effective than non-surgical treatments after two years and non-surgical treatments may reduce symptoms for a large proportion of people for up to 10 years.

### **Laminectomy and spinal stenosis - the main points**

- > If you have signs of spinal cord and spinal nerve pressure such as progressive leg weakness and loss of bladder or bowel control, or your symptoms aren't improving enough

with non-surgical treatments, a laminectomy may be suggested to you.

- > If you're considering a laminectomy, take into account the medical studies showing that in some cases laminectomy may often be more effective than non-surgical treatments for moderate to severe symptoms, however this benefit may not last after two years and non-surgical treatments may reduce symptoms for a large proportion of people that may last up to 10 years.
- > Non-surgical treatments for spinal stenosis specifically, and low back pain regardless of the cause, may be most effective when provided as part of a supervised and comprehensive program.

### **Would you like a second opinion?**

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to decide on your treatment options?

**If you want to know more about GPS<sup>2</sup> or have a general enquiry, please contact us on 1800 477 246 or email via [contact@gps2.com.au](mailto:contact@gps2.com.au)**

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