

Patient Guide to **Sciatica**



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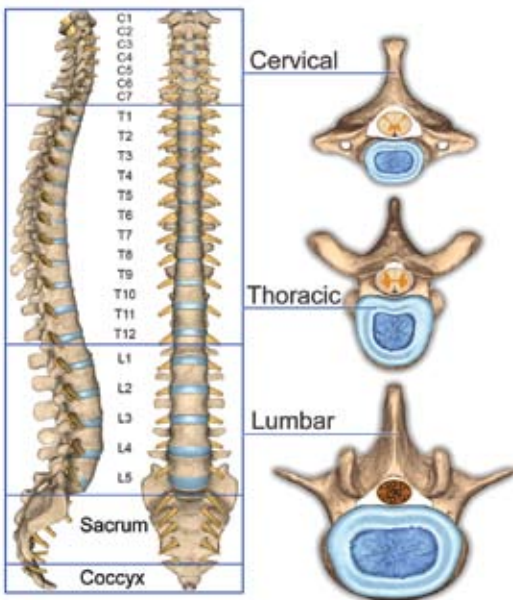
Sciatica



Description:

Sciatica is the irritation of the largest nerve in the body, the sciatic nerve. The sciatic nerve begins with several nerves in the lower back and travels down the legs. This irritation can stem from a disc herniation, inflammation, bone spurs or foraminal stenosis. Pain occurs when any or all of these conditions compress the nerve roots or spinal cord.

Spine Anatomy:





Symptoms:

- Irritation in one leg often down to the foot
- Shooting leg pain
- Weakness or numbness
- Burning leg pain
- Pain is usually worse when sitting

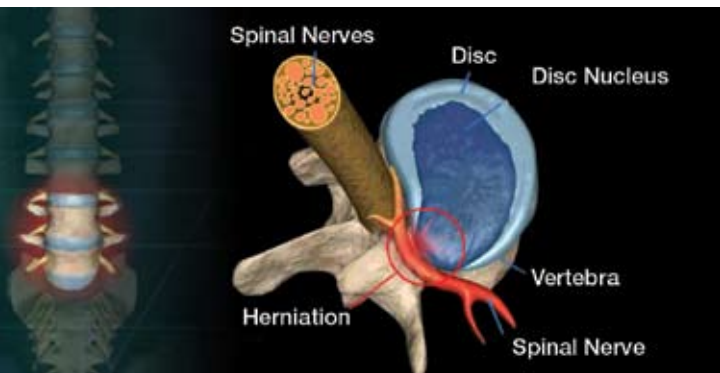
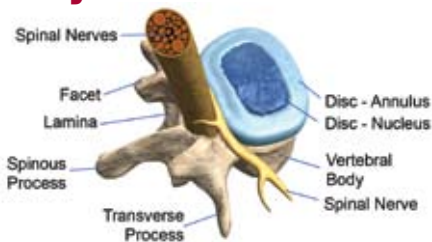




Causes:

- Degeneration or rupture of a disc
- Development of bone spurs or thick ligaments
- Normal aging process
- Sudden twisting
- Episode of heavy lifting
- Other physical trauma

Disc Anatomy:





Possible Treatment Options

Non Operative Treatment

Medications, physical therapy or spinal cortisone injections are indicated for pain relief. Surgery can be considered for those who do not improve.

Decompression

This surgical procedure involves removing all or portions of the lamina, removing bone spurs and/or enlarging foramina to relieve pressure or compression on the nerve roots or spinal cord. This pressure is often the cause of the pain.

Decompression & Posterolateral Fusion

Often times, in addition to a decompression, your surgeon will perform an instrumented posterolateral fusion by inserting a series of screws and rods coupled with the placement of bone graft. This fusion provides increased spinal stability.

Anterior Lumbar Interbody Fusion (ALIF)

The surgical approach is from the front of the abdomen. Once the exposure is made, surgical instruments are used to remove the disc material causing the nerve compression. Once this material is removed, an interbody cage or bone spacer is placed at the disc site filled with bone graft. The vertebral bodies above and below are frequently put under compression to aid in the subsequent spinal fusion.

Posterior Transforaminal Interbody Fusion

The same procedure as the ALIF but the approach and exposure are performed from the back. Just as in an ALIF, the disc material is removed and an interbody device is inserted. Compression through the use of pedicle screws is frequently achieved to aid in fusion.



At Stryker, we bring patients and physicians products that help make spinal surgery and recovery simpler, faster, and more effective. We are dedicated to the principle of “responsible science,” so you can be sure that our products and procedures are fully tested and clinically proven to help people lead healthier, more active lives.

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Patient education is important prior to any surgery. A patient who is well informed of their spinal surgery procedure, and has an understanding of what to expect, is more likely to be satisfied with their clinical outcome. To assist the patient in their patient education, Stryker has provided this educational brochure as a companion to the patient education website: <http://www.understandspinesurgery.com>. This brochure was created to inform on a very basic level and any instrumentation shown is meant to be illustrative of spinal instrumentation in a generic sense and does not endorse any particular system over another.

The information presented in this brochure is for educational purposes only. Stryker is not dispensing medical advice. Please speak to your doctor to decide if spinal surgery is right for you. Only your doctor can make the medical judgment regarding which products and treatments are right for your own individual condition.

As with any surgery, spinal procedures carry certain risks. Your surgeon will explain all the possible complications of the surgery, as well as side effects. Each spinal surgery patient will experience a different post-operative activity level, depending upon their own individual clinical factors. Your doctor will help counsel you about how to best maintain your activities in order to recover properly from your surgery. Such activities include not engaging in high-impact activities that could de-stabilize any instrumentation that may have been implanted.

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