

Lumbar disc herniation

What you're feeling

A herniated disc in your lower back happens when the soft cushion between two of your back bones pushes out of place and presses on a nearby nerve. The usual pattern starts with lower back and buttock pain that comes and goes, often for months or years before anything severe. Then a bending movement, like leaning forward to lift, suddenly brings on pain that travels down your leg. For most people with this condition, the leg pain is as bad as the back pain, and often worse.

The pain usually eases when you rest, especially lying on your back with your knees propped up on pillows. It tends to flare when you strain, sneeze, or cough. Sitting for long stretches, bending forward, or standing for long periods can also make it worse. Daily tasks that involve bending and lifting, like loading the washing machine or picking things up off the floor, become difficult. Some people find their back muscles seize up and their posture shifts to one side when the pain is at its worst.

You may also notice tingling, pins and needles, or numbness in part of your leg or foot. The affected area depends on which nerve is being pressed. Weakness can develop too, often coming and going with activity. You might struggle to lift your foot or toes, or notice one leg feels less steady than the other.

If the disc presses on all the nerves at the base of your spine, symptoms can include numbness in both legs, numbness around your back passage, and trouble controlling your bladder or bowels. This needs urgent medical attention. If you suddenly lose control of your bladder or bowels, seek care straight away.

Not all back and leg pain comes from a herniated disc. Your surgeon will match your symptoms, your examination, and your scans together before suggesting any treatment, because scans on their own never decide whether surgery is needed.

What's actually happening

Between the bones of your lower spine sit cushions called discs. Each disc has a soft, jelly-like centre and a tough outer ring. Think of the centre as the shock absorber and the outer ring as the gasket that keeps it in place. The outer ring is built from many thin layers, wound like the plies of a tyre, with each layer running in a different direction. That design lets your spine bend and twist while the cushion stays put.

With age and wear, the disc loses water and its springy material thins out. Genes play a bigger part in this than heavy lifting or hard work. If the outer ring tears, the soft centre can push through and press on a nerve running past it. The tear usually happens at the back and side of the ring, which is exactly where those nerves sit. Doctors describe this in stages: a bulge with the outer ring still intact, a rupture where the soft centre pushes right through, or a loose fragment that breaks free and travels down the spinal canal.

That pressure explains the symptoms you have just read about. Each nerve serves a set area of skin and a set group of muscles, so where you feel tingling, numbness or weakness depends on which nerve is squeezed. The disc material also releases inflammatory chemicals that irritate the nerve, which is why the leg pain can burn or ache even where the disc is not touching anything.

Most of these herniations happen low in the back, at the two discs just above your tailbone, and they are most common between the ages of 30 and 50. The good news is that your body often deals with this itself. The chemicals settle, and the pushed-out material can shrink back over time. In most people who manage without surgery, the herniation reduces on its own.

What we can do about it

Most people with this condition do not need surgery. More than half of those who seek treatment for low back pain recover within 1 week, and 90% recover within 1 to 3 months. We usually start with staying active, adjusting how you move and lift, and physiotherapy to build strength and ease the pressure on the nerve. Anti-inflammatory tablets such as NSAIDs can settle the pain while your body deals with the disc. We aim to keep strong painkillers to a minimum. If your symptoms have not settled after 6 to 12 weeks, we revisit the plan with you.

If tablets and physiotherapy are not enough, an injection of steroid near the affected nerve can help. It works by reducing inflammation around the nerve root. This can give short-term relief, often for around 1 month, though it does not change the long-term course of the problem. A repeat injection is less likely to help than the first one. We use these injections sparingly, alongside physiotherapy rather than instead of it.

Surgery comes into the picture when pain will not settle despite a fair trial of the above, or when there is weakness or other nerve problems that are getting worse. Scans on their own never decide this. The common operation is a discectomy, where the piece of disc pressing on the nerve is removed through a small cut. Waiting a few weeks for non-operative treatment first does not make the surgery less likely to work. We will talk through the benefits and risks with you before any decision is made, and you are welcome to bring a family member or friend to that conversation.

What to expect

For most people, this condition settles with time. Your body can shrink the pushed-out disc material on its own, and in most people who manage without surgery, it does. Many herniations barely change over four to eight years. Some people still have back pain that comes and goes during that period, but it often stays manageable.

If you do need surgery, it can usually wait 6 to 12 weeks while you try the simpler treatments first. Waiting does not make surgery less likely to work. The main gains from surgery tend to come early, in the first year, and the difference between surgical and non-surgical care narrows over time. Good results from disc surgery range from 46% to 97%, and much depends on choosing the right patient for the operation rather than on the details of the technique itself.

Surgery is not a cure-all, and it is honest to say so. The most common setback is a new herniation at the same spot, which happens in 3% to 7% of patients. About 7% of people need another disc operation within five years of the first. If that happens to you, you are not worse off than someone having their first operation, though you may notice more back pain than before. Repeat surgery can still help, but the chance of a satisfying result drops each time, and complications run three to five times higher than the first time round.

Some risks come with any disc surgery. These include infection, a tear in the thin membrane around the nerves, nerve injury, and rare problems such as a blood clot in the lungs or pressure on the nerves that control bladder and bowel function. Your surgeon will talk through each of these with you before any decision is made.

The realistic picture is this: most people improve, whether or not they have surgery. Staying active, keeping strong painkillers to a minimum, and giving your body a fair stretch of time all help. If pain or weakness keeps getting worse despite that, surgery remains a solid option.

When to see someone

Most back and leg pain from a herniated disc settles with time, rest, and simple treatment. But some signs mean you should be seen sooner rather than later.

Go to an emergency department straight away if you suddenly lose control of your bladder or bowels, or if you develop numbness around your back passage or in both legs. These can be signs of pressure on all the nerves at the base of your spine, and this needs same-day assessment.

See your GP if your leg pain is severe, getting worse, or stopping you from sleeping or working. Ask for a specialist review if pain has not settled after 6 to 12 weeks of simple treatment, or if you notice new weakness, such as trouble lifting your foot or toes, or one leg feeling less steady than the other.

If you have already had disc surgery and similar pain returns, see your GP again. Pain that comes back after an operation can mean the disc has herniated again at the same spot.