

Sciatica from slipped disc: treatment options

Use this decision aid to help you and your healthcare professional talk about how best to treat your sciatica. This decision aid is for people diagnosed with a herniated disc who have experienced sciatica pain for at least six weeks. It is not for people with bowel and urine problems due to the disc pressing on their nerves.

Frequently Asked Questions ↓	Managing without injections or surgery	Injections (epidural steroids)	Surgery
What does the treatment involve?	Taking pain relievers that reduce inflammation around the nerve and attempting to be as active as possible. Physical therapy may also help.	A needle is used to inject local anesthetic and steroid where the nerve is under pressure near the spine. An injection is normally performed at a special clinic and takes around 20 minutes.	The slipped disc that puts pressure on the nerve is removed during an operation on the back. The operation takes approximately 2 hours. Most people stay in the hospital for a night or two but some go home the day of the surgery.
How soon will I feel better?	6 weeks after diagnosis, roughly 20 in every 100 people (20%) say they are very or somewhat satisfied with their symptoms.	Most people who experience relief feel better within the first week after the injection.	6 weeks after surgery, roughly 60 in every 100 people (60%) say they are very or somewhat satisfied with their symptoms.
Which treatment gives the best long-term results?	1 year after diagnosis, around 45 in every 100 people (45%) who manage without surgery or injections say they are very or somewhat satisfied with their symptoms.	It is hard to say: some studies have shown benefits from steroid injections but others have not.	1 year after surgery, around 70 in every 100 people (70%) say they are very or somewhat satisfied with their symptoms.
What are the main risks/side effects associated with this treatment?	All medications have some side effects. Being active is unlikely to make your sciatica harder to treat in the future.	Fewer than 1 in every 100 people (1%) have complications, which could potentially include bleeding, headache, and infection.	The main risks associated with this surgery are infection (2 in every 100 (2%)), blood clots (1 in every 100 (1%)) and damage to the nerves (less than 1 in every 100 (1%)).
How will this treatment impact my ability to work?	You should return to your daily activities and return to work as soon as you are able to do so.	Most people return to work and normal activities the day after the injection.	Most people are off work for 6-8 weeks following this operation.
Will I need any other treatment?	Keep active. You may be referred to a physical therapist to start an exercise program.	You should take pain relievers as needed and keep active. The injection may be repeated in the future, usually no more than 2 or 3 times total.	Most people undergo physical therapy after surgery and use pain relievers to manage postoperative pain. In the years after surgery, a small number of people will require more surgery (around 5 in every 100 (5%) within the first year).

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