Spinal stenosis

Use this grid to help you and your healthcare professional talk about how best to treat spinal stenosis. It is for people diagnosed with spinal stenosis who have experienced leg weakness, numbness, or pain that worsens with standing and walking and improves with sitting. It is not for people with loss of bowel and urine control due to pinched nerves in their lower back.

<table>
<thead>
<tr>
<th>Frequently asked questions</th>
<th>Managing without injections or surgery</th>
<th>Injections (epidural steroids)</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does the treatment involve?</td>
<td>Being as active as possible to improve blood flow around the nerves and taking medicine to relieve pain and swelling around the nerves.</td>
<td>Injection of local anesthetic and steroid where the nerves is under pressure near the spine. This takes around 20 minutes.</td>
<td>The bone canal around the nerve is made wider to release pressure on the nerve. This takes roughly 2 hours, and needs 1 - 2 days in hospital.</td>
</tr>
<tr>
<td>How soon will I feel better?</td>
<td>6 weeks after the problem starts, roughly 20 in 100 people (20%) say they are better.</td>
<td>At best, between 15 to 30 in 100 people (15 to 30%) experience relief, and most feel better in a week or so.</td>
<td>6 weeks after surgery, roughly 75 in 100 people (75%) say they feel better.</td>
</tr>
<tr>
<td>Which treatment gives the best long-term results?</td>
<td>4 years after treatment, roughly 48 in 100 people (48%) who manage without surgery say they are better.</td>
<td>It is hard to say: some studies have shown benefits from steroid injections but others have not.</td>
<td>4 years after surgery, around 59 in 100 people (59%) say they are better.</td>
</tr>
<tr>
<td>What are the main risks/side effects?</td>
<td>The side effect will depend on the pain reliever you use. Being active is not going to make your sciatica harder to treat in the future.</td>
<td>Fewer than 1 in 100 people (1%) have problems, such as bleeding, headache, and infection.</td>
<td>The main short-term risks associated with surgery are infection (2 in 100 (2%)), blood clots (1 in 100 (1%)), and damage to the nerves (less than 1 in 100).</td>
</tr>
<tr>
<td>How will this treatment impact my ability to care for myself?</td>
<td>You should go about your daily activities as soon and as much as you are able to do so.</td>
<td>You will need someone to drive you home after the injection. Most people resume regular activities the day after the injection.</td>
<td>Most people need some help from family and/or friends for 1-2 months following a simple operation. More complex operations require longer healing.</td>
</tr>
<tr>
<td>Will I need any other treatment?</td>
<td>No, but you may be asked to see a physical therapist to start an exercise program.</td>
<td>You should take pain relievers as needed and keep active. The injection may be repeated in the future, but usually no more than 2 or 3 times in total.</td>
<td>Most people use pain relievers after the operation. Some need physical therapy after their operation and some need a short stay in a nursing home (15 in 100 (15%)). Longer term, more back operations for stenosis are sometimes needed (6 in 100 (6%)) at 1 year after first surgery; 13 in 100 (13%) at 4 years; and 25 in 100 (25%) at 10 years.</td>
</tr>
</tbody>
</table>

Editors: Thom Walsh, Ben Dropkin, Sohail Mirza, Michael Lewis, Glyn Elwyn.
More information: [http://www.optiongrid.org/about.php](http://www.optiongrid.org/about.php)
Creative Commons License: Attribution-NonCommercial-NoDerivs 3.0 Unported (CC BY-NC-ND 3.0)