



# BACK for the future



Debbie Thorpe, of Spire Norwich Hospital, catches up with Mr Lennel Lutchman, Consultant Orthopaedic Spinal Surgeon, to look at matters relating to your BACK.

**I**t is thought that between 60-80pc of the UK population will suffer from back pain at some point in their lives. So I caught up with Mr Lennel Lutchman of Spire Norwich Hospital to find out when it's necessary to seek specialist advice.

Mr Lutchman explains: "Many back pain sufferers find simple pain relief (Paracetamol) and a short period of rest (whilst trying to stay as active as possible to reduce stiffness) can relieve their symptoms.

"For some people anti-inflammatories or physiotherapy may be required. Back pain due to 'wear and tear' age-related degenerative changes may cause occasional 'flare-ups' lasting for weeks, but it is usually self-limiting.

"There are a few instances though, when back pain can be due to something more serious."

Mr Lutchman continues: "I think the FAST public health information campaign for signs of stroke is one of the most effective in a long time. You know the one: Face, Arms, Smile, Time-to-call. It's a simple, memorable and effective message.

With this in mind (but perhaps not quite so catchy) back pain sufferers should remember: 'Watch your BACK'."

## B (Bladder or Bowel)

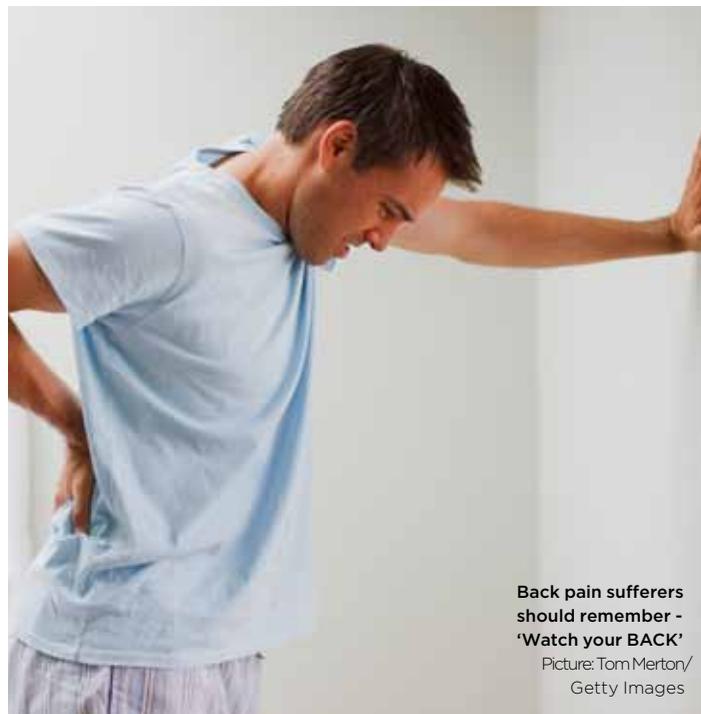
"If your back pain is associated with bladder or bowel dysfunction, it might indicate a condition called Cauda Equina Syndrome (CES). If in combination with your back pain you are passing urine often but in small volumes, find it difficult or have no urge to pass urine or feel the control of your bladder is not as good as normal, it might indicate the nerves to the bladder are being compressed - potentially a very serious problem.

"Some patients with CES experience 'shooting pains' into the legs and 'numbness' between the legs (saddle area). Either of these can indicate CES and you need to seek medical advice immediately."

## A (Always)

"Normal musculoskeletal back pain usually gets better when you lie down and is worse when walking around or lifting. It is usually possible to find a comfortable position and to get some relief with painkillers. The pain should slowly improve and even if it takes a few weeks, should eventually settle. If back pain is always present though, it might indicate a more serious problem.

"Osteoporosis is common in



Back pain sufferers should remember - 'Watch your BACK'

Picture: Tom Merton/ Getty Images

older patients and spinal fractures can occur with very minimal trauma. If after a fall or lifting accident you experience persistent and severe spinal pain, that is not getting better with analgesia and physiotherapy, there might be an underlying insufficiency fracture.

"Spinal infection is becoming more common as our population gets older and more people are living with diseases like diabetes, which suppress the immune system. Back pain due to infection may be accompanied by fever, weight loss or night sweats. If your back pain is always present, seek expert advice."

## C (Cancer)

"Very rarely, severe and worsening spinal pain going on over many weeks or months without respite may indicate an underlying problem like cancer. Again, this is not the case for 99pc of back pain.

"If you've had cancer in the past and you have new, worsening pain in your spine, despite taking analgesics and seeing your physiotherapist, don't ignore it. Low back pain is common and most back pain in a person who

has had cancer in the past will be the normal 'wear-and-tear' variety that most of us get as we become older. Pain between the shoulder blades (interscapular pain) is unusual though and if the pain is not improving (or indeed getting worse) after a few weeks, I would always recommend an MRI scan to rule out any serious problem."

## K (Keeping up)

"Apart from maintaining us in an upright posture on two legs, the spinal column is the main protection for the delicate spinal cord and spinal nerve roots that control movement in our arms and legs and sensation throughout our bodies.

"Many diseases that affect the spine, like arthritis, tumours or infections in addition to causing back pain, can cause pressure on the spinal cord or nerves and therefore interfere with the ability to walk or use the hands normally.

"Fortunately, the most common of these problems is normal age-related 'wear-and-tear' arthritis of the spine, which can cause the spinal tissues to thicken and cause nerve compression.

"Nerve pressure can manifest as difficulty walking and some

people say that after they've walked a few hundred yards, their legs become 'heavy or dead'. They can develop a cramping pain in their calves or their legs fatigue.

"They cannot keep up with family or friends when they are walking, as they have to walk slowly or sit down frequently. This condition is called lumbar spinal stenosis.

"If there's pressure from arthritis on the spinal cord, a person might report that their hands feel clumsy and uncoordinated. Their walking can become unsteady and they feel embarrassed as their unsteadiness makes it seem like they are drunk! They cannot keep up with people when they are walking, as they are so unsteady. This condition is called myelopathy and is due to spinal cord compression, not too many gin and tonics!

"These conditions need a careful, expert assessment but fortunately can often be successfully treated."

Mr Lutchman concludes: "It is important to remember that these serious problems are uncommon. Most back pain is due to simple muscular strain or age-related degeneration and will settle with time, simple analgesics, core muscle strengthening exercises and sometimes with physiotherapy. If your symptoms are unusual and you're worried, see a spinal consultant. Remember your BACK."

**For further information arrange an appointment with your family doctor or call 01603 255614 to make a private appointment with Mr Lennel Lutchman. Further details regarding Consultant Orthopaedic Spinal Surgeon Mr Lennel Lutchman can be found on his consultant profile at [www.spirenorwich.com](http://www.spirenorwich.com)**

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## ASK THE SPECIALIST

Mr Simon Pain, Consultant Surgeon at Spire Norwich Hospital, considers post-op discomfort.



**I had a right mastectomy in 2016. I have made a good recovery and feel fit, but recently I have noticed a spasmodic pain under my right arm. I cannot see or feel anything untoward, but is this something I should be worried about?**

It is not unusual to get such sensations following mastectomy surgery, especially if one or more lymph nodes have been removed from the axilla (armpit). Research suggests that pain is more common in people who have had their lymph nodes removed, rather than sentinel lymph node biopsy alone.

People often describe a shooting, burning, tingling, pressure sensations or numbness in the upper arm, chest area and axilla. So, what you're describing certainly does not sound concerning.

However, any patient who has had a previous mastectomy should be aware of changes, either in the form of a lump or of a new symptom. If the new symptom persists, then it would be appropriate to consult your GP or specialist to discuss further and perform an examination of the painful area.

Although there is no specific treatment, non-steroidal anti-inflammatory pain relief, such as ibuprofen may help. They are most effective in creams or gels applied directly to the affected area, but they can also be taken in tablet form.

**For further information arrange an appointment with your family doctor, or call 01603 255614 to make a private appointment with Mr Simon Pain.**

**Keep questions brief and send them to Ask the Specialist, Helen Harper, Spire Norwich Hospital, Old Watton Road, Colney, Norwich NR4 7TD. Questions will be handled with discretion and you will remain anonymous. Specialists cannot enter into direct correspondence.**



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Norwich Hospital