

Low Back Pain & Disc Problems

Eight in ten people experience it. Almost all recover. Here's how to tell ordinary back pain from the kind that needs urgent attention — and what actually works.

90% settle without surgery · Know the red flags · Movement beats bed rest

What is it?

Most low back pain is 'mechanical' — arising from muscles, ligaments, small joints or discs — and settles within 4–6 weeks. A 'slipped disc' (disc prolapse) occurs when the soft centre of a disc bulges through its outer ring, sometimes pressing a nerve and causing leg pain (sciatica).

Crucially, scary-sounding scan reports are common in pain-free people: disc bulges appear on MRI in over half of adults over 40 with no symptoms at all. Reports don't need treatment; people do.

Causes & risk factors

Sudden lifting or twisting, prolonged poor sitting posture, weak core and hip muscles, obesity, smoking (impairs disc nutrition), stress and poor sleep (which amplify pain), and normal age-related disc changes.

Sciatica specifically comes from a nerve being compressed or inflamed by disc material — the leg pain is often worse than the back pain.

Symptoms

Mechanical pain: aching across the lower back, worse with certain positions, better with movement change.

Sciatica: sharp pain shooting below the knee into the calf or foot, sometimes with tingling or numbness.

RED FLAGS — seek urgent care if back pain comes with: loss of bladder or bowel control, numbness in the saddle area, progressive leg weakness or foot drop, fever, unexplained weight loss, or follows significant trauma. These are rare but serious.

Diagnosis & investigations

For typical back pain without red flags, no imaging is needed in the first 4–6 weeks — examination is enough, and early MRI often mislabels normal aging as disease. X-ray/MRI is indicated for red flags, significant nerve symptoms, or pain that isn't improving on schedule.

Your doctor will test nerve function: strength, reflexes and sensation in the legs.

Non-surgical treatment

Stay active — bed rest beyond a day or two delays recovery. Evidence-based care: short-term pain relief, heat, graded return to activity, and progressive exercise (core strengthening, McKenzie-style extension exercises for many disc problems, walking).

Most sciatica also settles: about 90% of disc prolapses improve within 6–12 weeks as the protruding fragment shrinks. Targeted nerve-root injections can control severe leg pain while nature does its work.

When surgery helps

Surgery has a small but definite role: emergency surgery for cauda equina syndrome (the bladder/saddle red flags), and elective microdiscectomy for sciatica with significant weakness or intractable leg pain beyond 6–12 weeks. For nerve compression, surgery relieves LEG pain excellently; it is not a good operation for back pain alone.

Fusion and other procedures are reserved for specific instability or deformity — not routine 'wear and tear'.

Recovery & rehabilitation

After microdiscectomy: walking the same day, desk work in 2–3 weeks, avoiding heavy lifting for 6 weeks, then progressive rehab. Long-term outcomes for leg pain are excellent.

For everyone: the spine loves consistency — regular exercise is the strongest protection against recurrence, cutting repeat episodes significantly.

Prevention tips

Strengthen your core and hips, lift with your legs and the load close to your body, break up long sitting every 30–45 minutes, maintain healthy weight, don't smoke, sleep well — and stay generally active. The best posture is the next posture.

Frequently asked questions

My MRI says 'disc bulge with nerve compression'. Do I need surgery?

Usually not. MRI findings must match your symptoms and examination. Painless bulges are extremely common, and even symptomatic prolapses mostly resolve without surgery within weeks to months.

Is bed rest good for back pain?

No — more than a day or two of rest weakens muscles and prolongs pain. Keep moving within comfort; short walks several times daily beat lying still.

Should I use a lumbar belt?

Briefly, during acute pain or heavy tasks, a belt can comfort. Long-term dependence weakens core muscles. Think of it as a crutch, not a cure.

Which mattress is best?

Medium-firm mattresses have the best evidence for back comfort. Beyond that, whatever lets you sleep well — sleep quality itself strongly influences pain.

When is sciatica an emergency?

If leg weakness is progressing, your foot is dropping, or you have numbness around the saddle area or trouble controlling urine/stool — go to a hospital immediately. These signs need urgent assessment.

Questions about your specific case? Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit ossifide.com/consultation.html, WhatsApp **+91 90760 79000**, or email ossifide@gmail.com.