# Lumbar Discectomy for the management of sciatica

## NHS Devon

## Commissioning policy

For the purpose of this policy, sciatica is used to describe leg pain secondary to lumbosacral nerve root pathology and includes ‘radicular pain’ and ‘radiculopathy’.

Assessments and interventions should be undertaken in line with National Institute for Health and Care Excellence (NICE) guideline, NG59. The list of non-recommended non-pharmacological and pharmacological interventions listed in the NICE guideline NG59 are NOT routinely commissioned by NHS Devon.

Lumbar discectomy for the management of sciatica is routinely commissioned only in the following circumstances:

- Patient has compressive nerve root signs and symptoms have lasted at least three months (or are severe cases*), **AND**
- Non-operative management has failed to resolve symptoms, **AND**
- Concordant MRI changes are present

Patients who demonstrate a deterioration in neurological function (e.g. objective weakness, sexual dysfunction, possible diagnosis of impending, incomplete or complete cauda equina syndrome) are excluded from this policy and require an urgent referral to an acute spinal centre for further investigation as non-operative treatment may lead to irreversible harm.

***Note: Severe cases are defined as -**

Patients with intolerable pain where:

- symptoms are uncontrolled by the use of non-pharmacological interventions and oral analgesia recommended in NICE guideline NG59 **AND**
- nerve root block/epidural injections and/or radiofrequency denervation are ineffective **OR** the patient does not meet criteria for these interventions.

# Rationale for the decision

The Academy of Medical Royal Colleges Evidence Based Interventions guidance states that patients presenting with radiculopathy who show objective evidence of clinical improvement within six weeks (e.g. VAS pain scores, Oswestry Disability Index), are more likely than not to continue improving with non-operative treatment as the natural history of most intervertebral disc herniations is favourable. The guidance also states that there remains a reasonable body of evidence to show that in carefully selected patients, lumbar discectomy may lead to a greater and quicker improvement in pain scores than in non-operatively treated patients. However, in other studies because of the irreversible degenerative changes, surgery has not shown a benefit over non-operative treatment in mid and long-term follow up. Whilst non-operative treatment is the preferred initial option, the guidance recommends considering discectomy in patients who meet the criteria outlined in this commissioning policy.

# Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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