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# Managing your back pain

Information for patients and carers

**Accident and Emergency Aberdeen Royal Infirmary** 

# Facts about back pain

- Most back pain settles with time.
- The spine is very strong.
- Your back is designed to move.
- If you try to keep moving, you have a better chance of recovery.
- Back pain can be very severe, so you may need to reduce your activities at first.
- Stress and tension can increase the pain you feel.
- If you don't use your back, it will quickly get out of condition.
- If you have to lie down because your back is very painful, you must try to get moving as soon as possible, even if you move slowly at first.
- X-rays and scans are rarely needed for back pain.

# What can I do to help myself?

#### Pain control

# Try to stay positive – there's a lot you can do to help yourself

It's important to take regular painkillers to reduce the pain and help you keep mobile.

Paracetamol is a painkiller and ibuprofen an anti-inflammatory medication and can be very effective if you take them regularly. We don't routinely give you these as you can easily buy them over the counter at chemists and many other shops.

Always read the instructions on the packets carefully for the dosage. Also check if there are any reasons you can't take these medications. Your family doctor or pharmacist can advise you.

If you're taking these medications regularly and following the instructions but still have severe pain, contact your family doctor as you may need something stronger.

#### Cold

Ice can help reduce swelling and reduce pain. Make an ice pack by wrapping a small bag of frozen peas or some crushed ice cubes in a damp towel. Apply for 15 to 20 minutes several times a day.

You can re-use the ice pack several times by re-freezing, but avoid eating food that has thawed and been refrozen.

Do not leave ice on while you are asleep, and do not allow the ice to touch your skin directly, because it could cause a cold burn.

#### Heat

A hot bath/shower, hot water bottle or heat pack (wrapped in a towel) can help reduce non-traumatic pain. This heat should be comfortable and not burn the skin. You can apply heat for 15 to 20 minutes several times a day.

#### Stay active

Try to stay active, but you may need to reduce or stop some activities at first.

Gradually build up your activities and exercises over a few days or weeks. Don't wait for the pain to disappear before you start moving. The sooner you get going, the better you will feel.

Change position regularly. Try not to stay in one position for more than 20 to 30 minutes.

General exercises and physical fitness are very important and help you recover. Walking, cycling and swimming (remember to use different strokes) are good activities to build up gradually.

Try to stay at work if possible.

# Is there anything I need to look out for?

# Warning signs

If you have lower back pain and notice any of the following, contact your GP or Emergency Department immediately:

- Loss of feeling /pins and needles between your thighs, genitals, back passage or buttocks.
- Unable, having difficulty or loss of sensation when trying to urinate (pee), or trying to control the stop of flow of urine.
- Inability to stop a bowel motion or leaking.
- Change in the ability to achieve an erection or ejaculate.
- Pain or sciatica down both legs.
- Sudden Weakness (not being able to move) of one or both legs and/or feet.

#### Useful contact details

If you have ongoing problems, contact your GP for further assessment.

You can also contact the non-emergency helpline NHS24 MATS (Musculoskeletal Assessment and Triage Service) on the number below. This service can provide advice, information and assessment of muscle and joint problems:

#### **2** 0800 917 9390

Monday to Friday, 9am to 6pm

### www.nhsinform.co.uk/msk

(you can also download an app you can use on your smartphone from their website)

This leaflet is also available in large print. Other formats and languages can be supplied on request. Please call Quality Development on 01224 554149 for a copy. Ask for leaflet 1593.

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