

I deal with a number of conditions:

### **Back Pain**

Lower back pain is the 2nd commonest reason for a person to seek medical advice and about 8 in 10 people have one or more bouts of low back pain. In most cases, it is not due to a serious disease or serious back problem, and the exact cause of the pain is not clear. This is called non-specific lower back pain. The usual advice is to keep active, and do normal activities as much as possible. Painkillers can help until the pain eases. In most cases, the pain clears within 1 - 4 weeks or so but may recur from time to time. Chronic (persistent) pain develops in some cases, and a small proportion have a more serious underlying problem for which further treatment may then be needed.

### **Sciatica**

Sciatica refers to pain down the leg. The pain may be felt in the buttock, down the back of the leg, below the knee and in the foot. Such pain can be mild or severe; it may be persistent or come in spasms. People with sciatica may also experience numbness, tingling and muscle weakness in the affected leg. It can be worse when you cough or move, and is sometimes accompanied by low back pain. In most people sciatica resolves within 6-8 weeks. Persistent or worsening pain or weakness requires further management in the form of MRI scan and surgery.

### **Neck Pain (Cervical spondylosis)**

Cervical spondylosis refers to neck and shoulder pain due to 'wear and tear' of the vertebrae and discs in the neck. It is a normal part of ageing and does not cause symptoms in many people. However, it is sometimes a cause of neck pain. Symptoms tend to come and go. Treatments include physiotherapy, neck exercises and painkillers. In severe cases, the degeneration may cause irritation or pressure on the spinal nerve roots or spinal cord. This can cause arm or leg symptoms (detailed below). In these severe cases, surgery may be an option.

### **Arm Pain (Cervical radiculopathy)**

Cervical radiculopathy is pain that radiates down into your arms from your neck. Sensory symptoms such as numbness or pins and needles are more common than motor symptoms such as muscle weakness which is usually a sign that the nerve compression is more severe. The quality and type of pain can vary, from dull, aching, and difficult to localize, to sharp, burning, and easy to pinpoint. Most of the times the symptoms of pain and numbness resolve with time, painkillers and physiotherapy. Surgery is considered if these measures fail or there is

progressive weakness.

### **Spinal Cord Compression (Cervical myelopathy)**

Cervical myelopathy occurs when severe cervical spondylosis causes narrowing of the spinal canal (also known as stenosis) and causes compression of the spinal cord. When the spinal cord is compressed, it interferes with the signals that travel between your brain and the rest of your body. If it is not treated, it can lead to permanent spinal cord damage and long-term disability.

Symptoms can include a lack of co-ordination, for example numb clumsy hands and one may find tasks such as doing buttons or laces increasingly difficult; heaviness or weakness in one's arms or legs; problems walking.

### **Carpal Tunnel Syndrome**

This condition is quite common and can cause either pins and needles and/or pain affecting either one or both hands. If non surgical methods fail then it is usually treated with a simple procedure carried out as a day case.

### **Brain Tumours**

There are more than 100 different types of brain tumour, depending on which cells within the brain are involved. The treatment and outlook for these different brain tumours varies hugely.

### **Water on the Brain (Hydrocephalus)**

Hydrocephalus means 'water on the brain' and is an excessive amount of fluid that surrounds the brain and spinal cord called cerebrospinal fluid (or CSF). Symptoms depend on the cause of the hydrocephalus, the age at which it develops and the extent of damage to the brain.

## **Chiari Malformation**

This develops when the bony space is smaller than normal, causing the cerebellum and brain stem to be pushed downward into the foramen magnum and into the upper spinal canal. The resulting pressure on the cerebellum and brain stem may affect functions controlled by these areas and block the flow of cerebrospinal fluid (CSF) — the clear liquid that surrounds and cushions the brain and spinal cord — to and from the brain.