

### Specific treatments for sciatica<sup>1</sup>

In addition to non-pharmacological recommendations for low back pain (grey box, left), the following recommendations apply:

Do not offer gabapentinoids, other anticonvulsants, oral corticosteroids or benzodiazepines for managing sciatica.

Do not offer opioids for managing chronic sciatica.<sup>2</sup>

If a person is already taking opioids, gabapentinoids or benzodiazepines for sciatica, explain the risks of continuing these medicines. [2020]

If a shared decision is made to stop opioids, gabapentinoids or benzodiazepines for sciatica, discuss the problems associated with withdrawal with the person.

Consider epidural injections of local anaesthetic and steroid in people with acute and severe sciatica.<sup>2</sup>

Consider spinal decompression for people with sciatica when non-surgical treatment has not improved pain or function and their radiological findings are consistent with sciatic symptoms.

Do not allow a person's BMI, smoking status or psychological distress to influence the decision to refer them for a surgical opinion for sciatica.

To Algorithm 4

To Algorithm 7

1. The timing of the additional management options in the sciatica pathway, relative to options in the grey box, depends on the clinical circumstances.
2. The definitions of acute and chronic sciatica are symptoms present for less than 3 months, or at least 3 months, respectively.