

Surgery superior to nonoperative care for persistent sciatica

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Microdiscectomy is superior to nonsurgical care with respect to pain

intensity in patients with sciatica lasting more than four months and caused by lumbar disc herniation, according to a study published in the March 19 issue of the *New England Journal of Medicine*.

Chris S. Bailey, M.D., from London Health Sciences Center in Canada, and colleagues randomly assigned 128 [patients](#) with sciatica that had lasted for four to 12 [months](#) and lumbar disc herniation to either undergo microdiscectomy or to receive six months of standardized nonoperative care followed by surgery if necessary in a 1:1 ratio.

The researchers found that the median time from randomization to surgery was 3.1 weeks among patients assigned to undergo surgery; 34 percent of the nonsurgical group crossed over to undergo surgery at a median of 11 months after enrollment. The mean score for leg [pain intensity](#) at baseline was 7.7 and 8.0 in the surgical and nonsurgical groups, respectively; at six months, the leg pain intensity score was 2.8 and 5.2 in the surgical and nonsurgical groups, respectively (adjusted mean difference, 2.4). Secondary outcomes were in the same direction, including the score on the Oswestry Disability Index and pain at 12 months.

"The trial does not help clinicians determine which patients are most likely to benefit from immediate surgical intervention or the duration of nonoperative care that is acceptable before surgery is recommended," write the authors of an accompanying editorial.

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