

# Percutaneous coblation of the intervertebral disc for low back pain and sciatica

Information for the public

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## What has NICE said?

Percutaneous coblation of the intervertebral disc for low back pain and sciatica is safe enough and works well enough for use in the NHS.

## What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. In particular, they should explain the other treatment options available and that you may need further procedures. You should also be told how to find more information about the procedure. All of this should happen before you decide whether you want to have this procedure or not.

## The condition

The tough outer cover of a disc can sometimes tear, allowing the soft centre to bulge through. This is called herniation, also known as 'slipped disc'. If it presses on a nerve, the slipped disc can cause pain in the back, pain in the leg (sciatica), and numbness or weakness in the legs.

Treatments include painkillers, drugs to reduce inflammation, corticosteroid injections into the affected area, physiotherapy and acupuncture. If these treatments don't work and the symptoms are severe or long lasting the disc may be removed, either by open surgery or using less invasive techniques. This is called discectomy.

NICE has looked at using [percutaneous coblation of the intervertebral disc](#) as another treatment option.

[NHS Choices](#) and NICE's [information for the public about low back pain](#) may be a good place to find out more.

## The procedure

This procedure is done under local anaesthesia, with the patient sedated and lying face down. It aims to relieve low back pain and sciatica by removing tissue from the damaged disc.

A needle is inserted into the disc using X-ray guidance. A thin flexible tube (electrode) is then passed through the needle, into the disc. The electrode is heated, destroying the tissue around it, and then taken out. This is repeated about 6 times during the procedure.

## Benefits and risks

When NICE looked at the evidence, it decided that there was enough evidence to know how well this procedure works. The 7 studies that NICE looked at involved about 4000 patients.

Generally, they showed the following benefits:

- Pain relief, lasting at least 12 months after the procedure.

- Improved ability to carry out everyday tasks.

The studies showed that the risks included problems after the procedure including pain, muscle tightness or spasms, and weakness. These got better over time for most people.

NICE was also told about the possible risk of damage to the tissues or blood vessels.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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## Accreditation

