NHS Greater Glasgow and Clyde
Orthopaedic Spinal Service

Developed with patients, for patients.

Every section of this leaflet has been shaped by the voices and experiences of people currently waiting for spinal orthopaedic care.

Their feedback helped us understand what information and support really makes a difference.

All quotes come directly from patients currently on the spinal orthopaedic waiting list in NHS Greater Glasgow & Clyde.

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A guide for people waiting for spinal orthopaedic consultation

A practical guide to help you understand what to expect, how to manage your symptoms, and where to find support while you wait for your spinal orthopaedic appointment.

Your Referral Has Been Received — What Happens Next

You are actively on the waiting list, and you have not been forgotten.

Once your referral arrives with the Spinal Orthopaedic Service, it follows these steps:

1. **Referral received** → your name is added to the list
2. **Initial triage** → a clinician reviews your referral to decide:
   - telephone call
   - face-to-face appointment
   - whether it is urgent or routine
3. **First contact** → usually a phone call - normally within few months
4. **Scans** → only if needed - waiting time varies
5. **Follow-up appointment** → to discuss results
6. **Decision-making** → For example, physiotherapy, pain management, or surgical opinion

We understand that this can be difficult. While we work hard to see everyone as quickly as possible, we want to ensure you feel informed, supported, and empowered throughout this period. We also want to make sure that you are fully prepared for your first consultation when it takes place.

It's important to know that the Spinal Orthopaedic Service is primarily a surgical opinion service. This means your appointment is used to determine whether spinal surgery is needed, based on your symptoms, medical history and examination findings.

For most people, surgery is not required, and recovery is best achieved through physiotherapy, exercise, and self-care strategies.

Resources: 🌐 **waiting-nhs-treatment.pdf**

Find out what to expect while waiting for NHS treatment and who to contact if things change.

Waiting-time data: 🌐 **View waiting times - View hospital waiting times**

View current NHS Scotland hospital and orthopaedic waiting-time information.

Emergency symptoms:

Cauda Equina Syndrome (CES):

CES is a rare but extremely serious spinal condition that requires immediate assessment.

If you are experiencing any of the following symptoms please have these checked out urgently – usually your GP if within normal hours (8:30am – 6:00pm) or call NHS 24 on 111.

Significant changes in your bowel or bladder habits and/or sexual function. This includes difficulty passing or controlling your urine flow/signs of recent bowel incontinence

Changes to sensation in between your legs. For example, difficulty feeling the toilet paper when you are wiping your bottom.

Further infromation on CES 🌐 **Self-help information - Low Back Pain - NHSGGC**

1. Preparing for your appointment – It's OK to Ask (BRAN)

"Knowing I could ask questions made me feel part of the decision, not just a passenger."

"Being listened to makes a huge difference."

It's important to know what's going on with your own healthcare.

Knowing the right questions to ask can make all the difference.

By being more involved, you'll be able to make better decisions about your own care and treatment.

To help you get the most out of your next appointment, there are four key questions it's worth remembering to ask — known as **BRAN:**

B – What are the Benefits of this test or procedure?

R – What are the Risks?

A – Are there any Alternatives?

N – What if I do Nothing?

Healthcare staff are happy to answer these and any other questions you may have.

It's OK to Ask | NHS inform

The above link explains the BRAN questions (Benefits, Risks, Alternatives, Nothing) to help you take part in decisions about your care.

It can be helpful to have a few things ready in advance:

- A list of your current medications.
- Details of any medical conditions or previous treatments.
- Notes about your main symptoms and how they affect your daily life.

Having this information to hand — whether your appointment is by phone or in person — helps make the most of your time. It also ensures your clinician can focus on what matters most to you.

2. What to Expect

You will be seen by either a Specialist Spinal Physiotherapist or an Orthopaedic/Neurosurgeon.

During your consultation, your clinician will:

- Take a detailed history of your symptoms (where they are, how severe they are, how long you've had them, and how they affect your daily life, work, sleep, and wellbeing).
- Discuss your general health, medications, and any previous treatments you've tried.

This helps your clinician decide the safest and most effective next steps, which may include:

- Conservative treatments (For example, physiotherapy and pain management.)
- Further investigations, such as scans.
- Surgical options (in some cases). If this is the case, you will be provided with information to prepare for this.

3. Scans and Imaging

"Once my clinician explained that scans don't always show what causes pain, I felt more confident to focus on recovery instead."

Research shows that MRI or X-ray often do not improve recovery or change treatment for common low-back pain.

Many scan findings, such as disc bulges, wear and tear, or arthritis, are a normal part of ageing. These can also be seen in people who have no pain.

Your clinician will recommend imaging if it is likely to:

- Confirm a suspected diagnosis
- Help plan treatment (For example, if surgery might be considered).

Scans are just one part of the overall picture. Your clinician will combine any imaging results with your history and physical examination to decide the best plan for you.

If a scan isn't needed, they will explain why and focus on the approaches most likely to help you move forward.

4. Understanding Your Back Pain

Back pain is very common and around 8 out of 10 people experience it at some point.

Although it can be painful and worrying, it's rarely caused by serious damage.

Your back is strong, adaptable and built to move.

Most people have non-specific low back pain, meaning pain cannot be linked to one single part of the body.

Less than 1% of all back pain is due to a serious underlying cause.

Everyone's spinal condition is different. Some people have mild or intermittent pain. Other people experience severe or disabling symptoms. This leaflet provides general advice based on the best available evidence. However, your clinician will discuss your symptoms in detail and suggest a plan that is right for you.

Causes of Back Pain

Low back pain can start for many reasons, often more than one.

What we know for certain is that most back pain is not dangerous and improves with time and movement.

Common causes include:

- A sprain or strain – For example lifting something awkwardly or heavier than usual
- A sudden change in activity, doing either more or less than normal
- Arthritis or joint stiffness – For example, osteoarthritis or rheumatoid arthritis
- Stress, worry or low mood, which can tighten back muscles and increase sensitivity
- Poor sleep or fatigue, which lowers your pain tolerance
- Lifestyle factors such as smoking or weight gain, which increase strain on the spine
- A flare-up of longstanding back pain after everyday activity

Pain is often multi-factorial. This means that there isn't usually one single cause or quick fix.

It is often influenced by several small factors working together, such as sleep quality, activity levels, stress, weight, posture, and general strength.

Making small, steady improvements across these areas can make a big difference over time.

Self-help information - Low Back Pain - NHSGGC

Click on the above link for simple advice on easing back pain

"Recurrent problem, a bit better if I keep active."

10-back-facts-everyone-should-know.pdf

Persistent back pain can be scary, but it's rarely dangerous

Persistent back pain can be distressing and disabling, but it's rarely life-threatening and you are very unlikely to end up in a wheelchair.

Getting older is not a cause of back pain

Although it is a widespread belief and concern that getting older causes or worsens back pain, research does not support this. Evidence-based treatments can help at any age.

Persistent back pain is rarely associated with serious tissue damage

Backs are strong. If you've had an injury, tissue healing occurs within three months, so if pain persists, it usually means other factors are contributing — like stress, fatigue, or inactivity.

Scans rarely show the cause of back pain

Scans are helpful in only a minority of people. Findings such as "disc bulges" or "arthritis" are common in people with no pain and don't predict how much pain you feel. Most disc prolapses shrink over time.

Pain with exercise and movement doesn't mean you're doing harm

When pain persists, the spine and surrounding muscles become more sensitive. The pain reflects sensitivity — not damage. Exercise and movement are safe and one of the most effective ways to treat back pain.

Back pain is not caused by poor posture

How we sit, stand and bend does not cause back pain. A variety of postures are healthy for the back. It's safe to relax during everyday tasks — even with a round back when lifting or bending.

Back pain is not caused by a "weak core"

Weak core muscles do not cause back pain. People with pain often tense their core as protection — like clenching your fist after a sprain. Learning to relax these muscles during daily tasks can help.

Backs do not wear out with everyday loading and bending

Like lifting weights strengthens muscles, moving and loading strengthen your back. Activities such as bending, twisting, running, and lifting are safe when built up gradually.

Pain flare-ups don't mean you're damaging yourself

Flare-ups can be painful and worrying but rarely mean damage. Common triggers include poor sleep, stress, tension, low mood, or inactivity. Try to stay calm, relax, and keep moving.

Injections, surgery and strong drugs usually aren't a cure

Spine injections, surgery and strong drugs (like opioids) are rarely effective long term and may have side effects. The best results come from low-risk strategies that keep you in control.

Low Back Pain with Spine-Related Leg Pain

Back pain can sometimes be joined by pain that travels into one or both legs. This is often called spine-related leg pain and may include terms such as sciatica or spinal stenosis.

These terms describe patterns of symptoms and possible causes. Your clinician give you more information about these when you are seen.

While they are related, they describe different things:

- **Sciatica** refers to a set of symptoms such as pain, tingling, or numbness caused by irritation or compression of a spinal nerve.
- **Spinal stenosis** is a condition where the spinal canal becomes narrower, which can sometimes lead to sciatica-like symptoms.

The key difference is that sciatica describes what you feel, while spinal stenosis describes why it might be happening.

Sciatica

Sciatica is pain that travels from your back into one leg, sometimes reaching the foot.

This happens when a nerve leaving the spine becomes irritated or compressed. It is most common between the ages of 30-50 years old.

Common symptoms:

- Pain radiating into the buttock, thigh, calf, or foot
- Tingling, pins and needles, or numbness
- Weakness in the leg or foot

Recovery:

Most people notice around 50% improvement within 12 weeks. However, full recovery can take several months to a year.

Local: 🌐 **Self-help information - Low Back Pain - NHSGGC**

Videos and simple advice on easing back pain/sciatica.

Spinal Stenosis

Spinal stenosis occurs when the space around the nerves in the spine becomes narrower, often due to natural, age-related changes. It is most common in people over the age of 50 and likeliness of developing it increases with age. This can place pressure on the nerves and cause pain or discomfort, particularly in the legs.

Lumbar spinal stenosis (in the lower back) can cause:

- Pain, aching, or cramping in one or both legs
- Heaviness, weakness, tingling, or numbness
- Symptoms that worsen when standing or walking, and ease when sitting or leaning forward

Not everyone with spinal stenosis experiences symptoms, and sometimes both sciatica and spinal stenosis can occur together.

Local: 🌐 **Self-help information - Low Back Pain - NHSGGC**

Guided exercises and local physiotherapy advice for symptoms of stenosis.

Updated Drug Research on Managing Leg Pain

Evidence shows that movement, pacing and self-management are most effective for managing leg pain.

Paracetamol and NSAIDs (Non-Steroidal Anti-Inflammatory Drugs like ibuprofen, naproxen, diclofenac) may help short-term.

Gabapentin, pregabalin, diazepam, opioids and lidocaine patches are not usually recommended.

5. Managing Pain and Staying in Control

"I can't stop the pain completely, but I've learned what helps me stay in control of it."

Understanding Pain

Pain does not always mean harm.

When pain persists, the spine and surrounding muscles can become more sensitive. This does not mean damage.

Stress, fatigue and low mood can all increase pain sensitivity.

Living with pain can be draining, but there are effective ways to manage it while you wait for review. Learning how to manage pain yourself helps you stay in control and supports long-term recovery.

Flare-Ups

Flare-ups are common and can appear suddenly, sometimes without a clear cause.

They are usually short-lived and do not mean your condition has worsened.

When pain flares:

- Stay calm — pain will settle again
- Avoid bed rest; move within comfort
- Use heat, stretching, or prescribed pain relief
- Pace activity — take breaks before pain builds
- Gradually return to normal routines

Medication

Pain relief can help you stay mobile, rest, and live more comfortably.

Options include paracetamol, anti-inflammatories, and some medicines for nerve-related pain (if appropriate).

Your GP or pharmacist can advise what's safest and most effective for you.

Pain control works best when combined with movement and pacing.

Managing Severe Pain Days

Some people experience days where pain becomes severe or movement feels impossible. While this may not necessarily mean damage, it does require a different approach.

On very bad days:

- Try short, gentle movements (even a few steps every hour).
- Use heat or cold for comfort.
- Adjust your usual activities – rest in short bursts, not all day.
- Try paced breathing or relaxation to reduce muscle tension.

If pain is unmanageable:

- Contact your GP or local pharmacist for medicine review.
- Call NHS 24 on 111 if pain suddenly becomes severe or changes pattern.

Emergency symptoms:

If you develop new numbness around your bottom or genitals, difficulty passing urine, or sudden loss of power in your legs, call 999.

Local: 🌐 **Information and Resources for People Living With Chronic Pain - NHSGGC** |

Local pain-management information, support groups, and education sessions.

🌐 **Pain Concern Education Sessions – Glasgow**

Free community sessions and resources to help people understand and manage persistent pain.

6. Staying Active

"Being active helps my mental health more than anything else."

"At first I was afraid to move, but once I started pacing myself, I realised it made the pain easier to manage."

Movement is one of the best things you can do for back pain.

Even when pain is present, gentle activity reduces stiffness, builds strength and improves confidence. Keeping active also helps prevent deconditioning, where the body becomes weaker and less fit due to inactivity. You don't have to do this alone as local and national programmes can help you get started safely.

When you're in pain, it's easy to tense up or move less. However, inactivity can slow recovery.

Regular movement keeps your joints, muscles, and nerves healthy.

Remember:

- Movement does not cause harm — some mild discomfort is normal when starting out.
- Gentle, consistent movement is more important than any single exercise.
- Staying active can ease pain, lift mood, and speed recovery while you wait.

Keep Moving — Your Way

"I try to walk every day — doing a little often really helps."

You don't need a special exercise programme to help your back as all movement is good.

Simple, everyday activity can be just as effective as structured exercise.

Try to:

- Take short, regular walks
- Do light household or garden tasks

- Stretch or change position often

Taking part in community activities or your local gym/leisure centre can help you stay motivated and meet others who are keeping active too.

These programmes are designed to help people of all fitness levels build confidence to move safely.

Local: 🌐 **Live Active Information - Glasgow Life**

Offers the guidance and encouragement you need to get moving, with personalised support and activity plans to help you become more active at your own pace.

🌐 **Good Move – Glasgow Life**

Provides a variety of gentle, community-based exercise classes for all abilities — a great way to stay active, meet others.

If You're Struggling with Confidence to Move

"The physiotherapist… gave me the tools to help myself".

"Physiotherapist service helped me a bit for the time being."

Everyone's pain is different, and it's normal to feel unsure about what's safe.

If you're finding it hard to move confidently or are unsure where to start, you can self-refer to MSK Physiotherapy. You do not need a GP appointment for this.

A physiotherapist can help you plan safe, gradual activity, build strength and return to movement or exercise that you enjoy.

🌐 **How to access the Physiotherapy Service - NHSGGC**

Self-refer to a physiotherapist without seeing your GP. Get advice on safe movement, pacing, and exercises to suit your level of confidence.

7. Looking After Your Emotional Wellbeing

"Counselling… helps me cope."

"Keeping a routine helps my mood."

It's important to look after your mental health alongside your physical health.

Living with ongoing pain and waiting for treatment can take a toll on your mental wellbeing.

Pain can affect your sleep, reduce your energy, and limit the things you enjoy. This can lead to feelings of stress, frustration, anxiety, or low mood. Over time, this emotional strain can make pain feel more intense and harder to manage.

You are not alone in feeling this way, and support is available.

If you're struggling, don't hesitate to speak to your GP or a mental health professional. They can listen, offer reassurance, and help you find the right resources.

Local: 🌐 **Heads Up: NHS GG&C**

Local mental-wellbeing hub with self-help advice and links to counselling and community support.

Sleep and Rest

"Good sleep makes a big difference the next day."

Pain and worry can make sleep difficult, which in turn can make pain feel worse.

Simple habits such as keeping a regular bedtime, reducing screen time before bed, and creating a calm environment can all help.

If you're struggling with ongoing sleep problems, speak with your GP or use trusted NHS self-help resources below.

National: 🌐 **Sleep self-help guide | NHS inform**

Step-by-step NHS guide for improving sleep patterns and routine.

🌐 **sleep-and-tiredness**

Practical tips and local support for better sleep.

8. Managing Work and Finances

"My job is physical — I've had to take time off because the pain makes it impossible some days."

"Sitting at my desk is painful; I have to keep standing up to stretch."

Pain often affects work and daily life.

Many patients told us it was hard to stay in work or manage duties because of pain and fatigue.

If pain or reduced mobility is affecting your work, income, or daily activities, help and advice are available.

You may be able to access support with benefits, employment, money management, or travel costs for appointments.

In some areas, Community Link Workers (CLWs) based in GP practices can connect people to local services for financial, housing, or wellbeing support.

Referral is usually made through your GP or another member of your healthcare team.

Local: 🌐 **NHSGGC Community Link Worker**

Find out if your GP practice has a Community Link Worker and what support they can provide.

🌐 **Hospital Travel Costs - NHSGGC**

Information on help with travel expenses for hospital appointments.

🌐 **Health and Wellbeing services | NHS Inform**

Directory of national and local services for financial, social and practical support.

"I've been referred to Access to Work and had union involvement to help support me in work."

9. Healthy Habits for Recovery

"Since I lost weight my condition has been improving."

"I reduced my weight last year; it helps."

Weight Management

Maintaining a healthy weight can help reduce strain on your spine and ease pain. Carrying extra weight is linked to a higher risk of long-term low back pain, and your weight is one of the factors considered when planning possible treatments, including surgery.

Within NHS Greater Glasgow and Clyde, spinal surgery is not usually offered if your **BMI (Body Mass Index)** above 35. You can check your BMI using the NHS BMI calculator:

https://www.nhs.uk/health-assessment-tools/calculate-your-body-mass-index/

Support is available to help you make gradual, sustainable changes.

Local: **Community Weight Management Service - NHSGGC**

Local support to help you manage your weight through nutrition and activity

Your overall health plays an important role in how your body copes with pain and how well you recover.

Stopping smoking, keeping alcohol within safe limits and managing diabetes all help improve blood flow, healing, and energy levels, which can reduce pain and support recovery.

If you'd like support with any of these, the services below can help you take the first step.

Local support to help you manage your weight through nutrition and activity

Smoking | Alcohol | Diabetes

Your overall health plays an important role in how your body copes with pain and how well you recover.

Quit Smoking:

Local: **Quit-your-way**

Free local stop-smoking support with coaches and medication options.

Alcohol:

Local: **Alcohol and Drug Recovery Services – NHS GGC**

Information on alcohol units, health effects and cutting down safely.

Diabetes:

Local: **Type-2-diabetes-hub**

Guidance and local support for people living with Type 2 diabetes.

Who to Contact While You Wait

- **GP:** if symptoms change or worsen
- **NHS 24 (111):** for urgent concerns
- **999:** for emergency symptoms
- **Physiotherapy Self-Referral**
- **Spinal Orthopaedic Service Administration:** for appointment queries only
  (Please note: administrative staff cannot give medical advice.)

While You Wait – What You Can Do Now

☑ I'm keeping active each day
☑ I've written down questions for my appointment
☑ I know who to contact if my pain changes
☑ I understand that pain does not mean damage
☑ I've explored local support options

"Doing something, however small, helps me feel I'm still in control."

Remember: You don't have to wait to start feeling better.

Every small step you take now helps your recovery and prepares you for your specialist appointment.

In addition to NHS GG&C links, these National resources offer additional practical support while you wait, including pain management, activity guidance, wellbeing support and help with lifestyle factors that influence recovery.

Topic	National Resource
Understanding Low Back Pain https://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/back-problems	**Back Problems – NHS inform** Clear explanations of common back conditions and helpful self-care strategies.
Sciatica / Leg Pain https://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/leg-and-foot-problems/sciatica	**Sciatica – NHS inform** Causes of sciatica, recovery expectations, symptoms and treatment advice.
Spinal Stenosis https://www.nhsinform.scot/illnesses-and-conditions/muscle-bone-and-joints/back-problems/lumbar-spinal-stenosis	**Lumbar Spinal Stenosis – NHS inform** Symptoms, diagnosis, management options and when to seek urgent care.
Back Pain Self-Help https://www.nhsinform.scot/healthy-living/preventing-back-pain	**Back Pain – NHS inform** Guidance on managing flare-ups, keeping active and preventing back pain.
Preparing for Appointments (BRAN) https://www.nhsinform.scot/care-support-and-rights/consent/its-okay-to-ask	**It's OK to Ask – NHS inform** Explains BRAN (Benefits, Risks, Alternatives, Do Nothing) for shared decision-making.
Pain Management https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/chronic-pain	**Chronic Pain – NHS inform** Long-term pain guidance including pacing, relaxation, and lifestyle support.
Mental Wellbeing https://www.nhsinform.scot/healthy-living/mental-wellbeing	**Mental Wellbeing – NHS inform** Resources for managing stress, anxiety, low mood and general wellbeing.

Topic	National Resource
Sleep Support https://www.nhsinform.scot/healthy-living/sleep	**Sleep Self-Help Guide – NHS inform** Step-by-step support for improving sleep quality and routines.
Exercise & Physical Activity https://www.nhs.uk/live-well/exercise/	**Exercise – NHS (UK)** Workouts, safe activity guidance and tips for improving fitness.
https://www.nhs.uk/better-health/get-active/	**Get Active – Better Health – NHS** Ideas and free support to build more physical activity into your day.
Healthy Weight https://www.nhsinform.scot/healthy-living/healthy-eating/12-week-weight-loss-plan	**12-Week Weight Management Programme – NHS inform** A free structured 12-week lifestyle and weight management programme.
Smoking https://www.nhsinform.scot/healthy-living/stopping-smoking	**Stopping Smoking – NHS inform** Tools, advice and support for quitting smoking.
Alcohol https://www.nhsinform.scot/healthy-living/alcohol	**Alcohol – NHS inform** Information on alcohol units, health effects, and reducing intake safely.
Diabetes https://www.nhsinform.scot/illnesses-and-conditions/diabetes/type-2-diabetes	**Type 2 Diabetes – NHS inform** National guidance on managing Type 2 diabetes and healthy living.

Your experience matters. Scan the QR code or click on the link to tell us what was helpful — and what could be better — so we can keep developing this guide with patients, for patients.

Spinal Waiting Well Leaflet Feedback – Fill in form