The Sciaticons

Mark Bernstein

Can. J. Neurol. Sci. 2010; 37: 706

There would be surgeons among the ranks of the enemy. Surgeons who were being blackmailed into collaborating with the enemy. Non-negotiable blackmailing like: "We'll kill your kids if you don't cooperate". The surgeons would be required to do a formal minimally invasive lumbar microdiscectomy exposure on a person under general anesthesia, as if they were taking out a herniated lumbar disc. Instead of that though they would implant a small rubber bladder, maybe one centimeter in diameter when inflated, on the nerve root within the neural foramen. So when it expanded it would compress the nerve producing sciatica. If they picked a high nerve like L2, the pain would involve the low back, hip, thigh, and testicle. The masters (they would be called Sciaticons in the movie) would have a remote transmitter which could inflate the little bladder so at any moment they could reduce the poor victim to a writhing pain factory with the push of a button. I haven't fleshed out the rest but this would be the basis of the horror movie I would write and direct.

I got the idea after one of my tortured reveries during my last bout of sciatica. To go back a bit, in 2004 I had a short bout of nasty left leg sciatica but quickly developed cauda equina syndrome. Urgent surgery was needed and performed to remove a large sequestrated disc rupture at L12. But everything happened so quickly I did not languish in pain for more than a day or two. This time was different. It started insidiously one morning. I had gone to bed with a sore back which is a regular part of my life. I awoke about 4:00 a.m. My eyes remained closed in the dark as I tried to comprehend what was happening. I first felt a large feline, maybe a lion, ripping hunks of meat from my left thigh. I felt the tightness of her bite and the skin and muscle being ripped by her giant teeth. Every so often she would release her grip on the leg. Then I became aware of a hand covered in a metal-studded glove grasping and tightly squeezing my left testicle. Then someone under the bed slowly speared me in the left lower back with an iron poker that was glowing redhot from the fire.

By the location and pattern of the pain, it felt like the old disc had recurred at the same level and the same side (the commonest pattern of failure after previous disc surgery). The next day the surgeon who helped me five years ago gave me a prescription for Celebrex and Percoset but nothing touched the pain. The day after that one of the anesthetists on the pain team at my hospital gave me some Lyrica and Oxycontin but I might as well have been taking sugar pills. The pain snowballed along. In bed at night there was no comfortable position. I laid awake most of the night wriggling around the bed, tossing the sheets, wimpering and groaning quietly to myself so as to not wake my wife. One night I took myself down to the hospital and got a MRI at 3:00

a.m. All the while I was not sleeping, eating, or defecating. My body was in survival mode. I was getting out of bed an hour earlier than normal anyway because that's how long it took to brush my teeth and get my clothes on. As I limped through the hospital, my co-workers and patients shook their heads in pity. I tried to avoid eye contact so I would not have to acknowledge their feelings of sorrow for me.

On the fourth day I got a nerve root block – a radiologist used fluroscopic guidance to slickly put a needle right beside the culprit nerve in its bony canal and then inject local anesthetic and steroids. For three blissful hours after that my pain was magically gone and I was able to do a little jig in the OR while my resident and Fellow took out a large meningioma under my heckling mentorship. But the pain recurred later as the anesthetic wore off. The hope was that the steroids would kick in in a few days and tame the inflammation in the nerve root to quench the pain.

A week or two later the pain seemed to be a tad less. To be honest my neural circuits were so overloaded with pain from the previous weeks that I was a little numb and no longer a good observer of my own condition. I had become totally grounded in this altered and surreal state of constantly wrestling with pain and trying to put one foot in front of the other. But the days wore on and it became evident that I was on the mend. A month after the beginning, the pain was down from 10/10 to about 2/10 and I can live with that. I just hope some nefarious types don't get hold of my story idea to use this form of torture.

From the Toronto Western Hospital, Toronto, Ontario, Canada.

RECEIVED JANUARY 7, 2010. FINAL REVISIONS SUBMITTED JANUARY 14, 2010.

Correspondence to: Mark Bernstein, Division of Neurosurgery, Toronto Western Hospital, University Health Network, 4 West, 399 Bathurst Street, Toronto, Ontario, M5T 2S8, Canada.