

## Got Severe Back Pain?

# There's Only 3 Reasons to Visit the Emergency Room

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## Is Your Back Pain an Emergency?

Sudden and severe back pain can seem worth a trip to the emergency room. When back pain is experienced with certain other symptoms, there you should go immediately to the emergency department (ED) at your nearest hospital. These include:

- Severe pain anywhere with vomiting, nausea, fever or changes to your consciousness. Call an ambulance and get medical care.
- A recent trauma. If you have a fall, a car accident, hit your head, slipped down stairs, crashed your bike, and you experience pain and symptoms like the above, call an ambulance and make sure you're safe.
- Losing control of your bladder or bowels, and lose power and feeling in your legs. This, combined with severe pain, is a sign to go to the emergency room.

However, severe back pain is rarely a medical emergency. Back pain, even with tingling or numbness in your leg, pain that makes you limp, and hurts to sit or stand for long doesn't belong in the emergency room.

## Should You Visit the ED for Back Pain?

A checklist for visiting the ED:

- Did you have an accident or trauma?
- Have you been ill or had recent surgery?
- Do you have unsafe practices like IV drug use?
- Do you have unexplained fever?
- Do you have dizziness, nausea or vomiting?
- Are your legs weak, numb or unable to move?

If the answer to these questions is no, even if your back pain is very severe, you probably won't benefit from an emergency room visit.

## Pain in the ED: What to Expect if You Visit

The ED is the place to go when you're having a medical emergency. Back pain can be overwhelming and feel like an emergency, though it almost never is one.

People with pain expect to leave the emergency department with some relief of their pain, but they are frequently disappointed. The ED is not designed to provide good help for chronic pain. Even if your pain is severe, there's only a small chance that it's a medical emergency.

Most people who attend the ED expect a run of tests (x-ray, MRI, CT) and pain relief to address the issue and develop a diagnosis. But the best they will do is make sure your pain is not an emergency health condition. Doctors in the ED are trauma experts not pain management experts. Their job is to save lives under the most time-pressured situations.

Once emergency is ruled out, some simple education, reassurance, and guidelines for getting moving again are the best you are likely to receive at the ED. Generally, this means people often leave the ED disappointed, with their expectations unmet.

## How Long Will You Sit in the Waiting Room?

The length of the average ED visit for back pain is around five hours. Depending on the other cases that come in that day, you may sit for three hours without being seen by a medical provider.

For someone with back pain, sitting for that amount of time feels uncomfortable, worrying and frustrating. Pain is increased by fear, worry and uncertainty. If you suspect something bad is going on and no one can reassure you otherwise, your pain is unlikely to decrease and could even increase. In other words, going to the ED for back pain can make the situation worse rather than better.

## Seeking an Explanation: Will You Get Scans and Tests?

At an ED you may have blood and urine tests. These provide doctors with markers that indicate if you are fighting an infection, or if there's a significant change to the systems keeping you alive, causing the pain you feel. They help to rule out an emergency.

People almost always expect that they will get a scan or x-ray to identify the cause of their pain. Scans and x-rays tell doctors very little about pain. It's unusual for someone with back pain to have something that's found on a scan that changes the treatment and advice we usually give people. Scans are generally only provided when there has been a recent trauma or there are red flag symptoms present.

## Seeking Relief: Will You Get Pain Medication?

In the emergency room, doctors typically start with prescribing lower level medications. These are similar to the ones you'd buy at the pharmacy and may not significantly reduce your pain.

Strong pain medications, like opioids and benzodiazepines, have tight restrictions for prescription and are not routinely prescribed to people with back pain. Research has shown that medication such as opioids and benzodiazepines can be harmful when given as first-line treatments for back pain.

## What Will the ED Do for Your Pain?

Not much. People often leave the ED unhappy, feeling they did not get relief or diagnosis. Physicians in emergency rooms are not experts on pain management and are not going to be up to date on advice for chronic pain. You may receive some printed advice about back pain, but it is unlikely to be current. Hopefully you will receive a referral to a primary care physician or a specialist like orthopedics or pain medicine. But you will also get a bill in the ED.

## What Should You Do Instead of the ED?

In cases where pain is not coupled with other severe symptoms, there are a number of things you should do.

1. Stay as active as you're able, walking is a great start
2. Know that ups and downs are normal
3. Believe you are OK
4. Work on breathing and relaxation, especially if you are guarding strongly
5. Use exercises, positioning, self-management like heat/ice for symptom relief
6. Use medication if it's appropriate, but it's not needed if the pain is tolerable
7. Progressively increase activity as you are able
8. Follow up with a physical therapist.

