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A broken bone in your back (spinal compression fracture)

Emergency Department

Information for Patients

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Why have I been given this leaflet?

Your X-ray shows that you have a fracture (break) to 1 or more of the bones (vertebrae) in your spine. This leaflet will give you advice on managing your fracture, pain and recovery.

What are compression fractures?

Compression fractures are a type of spinal fracture. This is where the vertebra which are the building blocks of the spine collapse and become shorter. This often happens in the middle (Thoracic) to lower (Lumbar) spine.

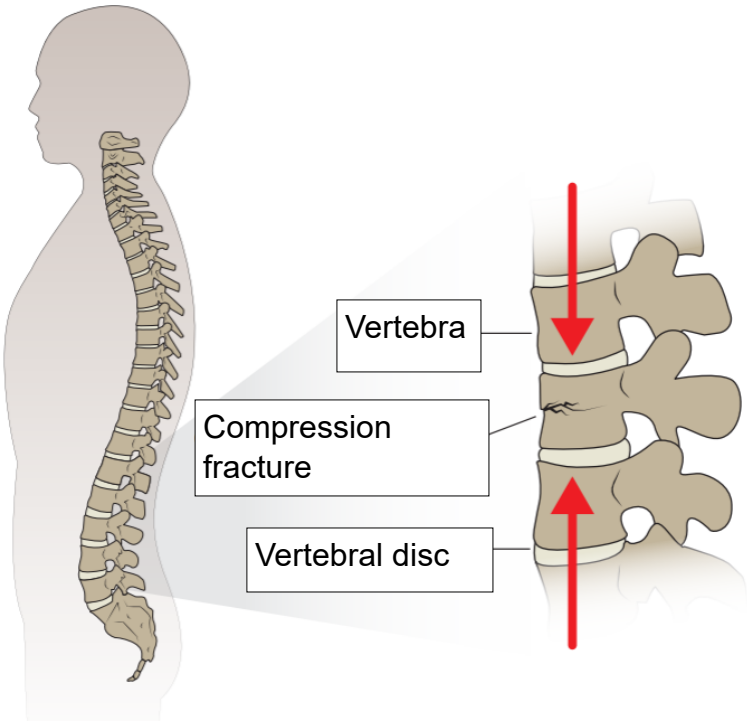
Why has this happened?

This can happen for different reasons. It could be because of:

Osteoporosis: This is a condition that softens bones. It makes them more at risk of fractures. Postmenopausal women and older men are more at risk to this.

Trauma: Injuries from falls, accidents or forceful impacts.

Other medical conditions: Some cancers or infections can also soften the vertebrae and lead to fractures.



What are the symptoms of a fracture?

- **Pain:** Getting back pain suddenly or slowly. Everyone's pain is different. It may be an ache or more severe.
- **Spasms:** Injured muscles and ligaments can cause “spasms”. This might feel like pain that shoot in all directions.
- **Numbness:** Injured or irritated nerves can cause temporary pain or numbness felt in your buttock(s) and leg(s). Please see page 3 for signs and symptoms to look out for, and when to get medical help.
- **Stiffness:** You may feel that your back is stiffer. You may have less movement. You may find it harder to stand up from a chair and do your normal daily activities. This is likely to improve as your fracture heals.
- **Struggle to be in one position:** You may find it uncomfortable being in the same position (sitting or standing) for long. Little and often movement may help.
- **Becoming shorter:** A fracture can cause small changes in your normal posture. You may become slightly less tall. This is because during the healing process, spinal bones do not return to their normal shape. They heal in their new squashed shape. This can lead to height loss and a curved spine.

How long will it take to heal?

It will take between 6 and 12 weeks to heal. Most of your pain should settle between 6 to 8 weeks.

How will my fracture be treated?

Most of these fractures do not need any surgery or braces. This is because the bone heals on its own with time, pain killers and altered activities may be needed while you heal.

Your GP will manage your treatment. You will often not need any follow up from the hospital.

Staying active

We recommend you stay as active as you can. This can reduce the risk of other complications such as chest infections, constipation, blood clots, and more fractures. It also helps you keep your muscles and bones strong. This helps healing and reduces your chances of on-going pain after your fracture has healed.

You may need to reduce some of your daily activities, sports and heavy lifting until you feel comfortable enough to do them. We do not advise stopping all daily activities. Just reduce them to a level that is comfortable. Often you can continue with lighter activities such as gentle swimming and walking.

Movement

Your symptoms will guide the amount of movement and the activities you can do. It is normal for your pain levels to change from day to day. It may also change with different activities that you have done.

- **Twisting:** If you need to reach an object that is behind you, make sure you turn your feet. Do not twist from your spine.
- **Bending:** Bending may hurt. Try and keep a good posture, do not stoop. When getting dressed and putting your shoes on, bring your knees towards your chest rather than bending down to the floor.

Pain killers

You must take pain relief as advised by your clinician. This will help you keep moving. Taking strong painkillers and not moving a lot can cause constipation. You may need some laxatives.

For more advice on pain relief you can speak to a pharmacist.

You can also go to www.yourhealth.leicestershospitals.nhs.uk/ and search: 'Taking pain relief for an injury after discharge from the Emergency Department' or leaflet number 1238. Or scan the QR code:

If medicines are not helping with your pain, please see your GP.

When do I get medical help?

The following symptoms are rare.

You must get medical advice if you have any of them:

- **A new difficulty going to the toilet:**
  - Not being able to control when you pee,
  - A loss of feeling when you pee,
- You leak pee without having the feeling you need to go for a pee,
- You cannot pee.
- You cannot control your bowels and pass poo without knowing you needed to, or you are leaking poo.
- You have a loss of feeling when you need to go for a poo or have a poo.
- **A change in feeling between your inner thighs or genitals**, in or around your back passage or buttocks such as numbness or pins and needles.
- **Reduced sexual function**, such as loss of feeling during sex or change in ability to have an erection or ejaculate.
- **Weakness in your legs** with no known reason for it.
- **Feeling unwell and uncontrolled pain**, such as a fever or too much sweating that wakes you from sleep.

Bone health

Your fracture may be a sign of osteoporosis (a condition that softens bones and makes them more likely to break). We advise talking to your GP about steps you can take to strengthen your bones. This can be making sure you have enough calcium and vitamin D in your diet.

Your GP may recommend tests to check your bone health. Depending on the results of the tests, you may be prescribed medication to improve your bone strength.

More information on bone health recovery

Avoiding smoking as this can delay healing.

Smoking also slows down the cells that build bone in your body. This means smoking could reduce your bone strength, and increase your risk of breaking a bone.

Scan the QR code or go to: https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/

Eat a well balanced diet as this can help with healing.

Eating the right things supports your bone health at every stage of your life. Calcium and vitamin D are 2 nutrients that are well-known to be important for bones. But there are many other vitamins, minerals and nutrients that are vital to help your bones stay healthy and strong.

Scan the QR code or go to: https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/

Reduce alcohol intake.

If you drink a lot of alcohol, your risk of osteoporosis and broken bones is significantly higher. As you get older and become less steady on your feet, even mild intoxication increases your chances of a fall.

For more advice go to www.yourhealth.leicestershospitals.nhs.uk/ and search: 'Advice and support if you are drinking too much alcohol' or leaflet number 1161.

Royal Osteoporosis Society's

For more information on osteoporosis visit Royal Osteoporosis Society's website, for helpful ways to improve bone health and more information: https://theros.org.uk/

Do I need physiotherapy and occupational therapy?

Most people do not need routine physiotherapy. Once the fracture heals, you will be able to return to normal activity as your pain lessens. If you still have stiffness and pain after 12 weeks talk to your GP. They may want to review you before referring you to physiotherapy.

If you were admitted to hospital after your fracture because of difficulties with your mobility and daily activities, appointments may have been made for you up from the physiotherapy or occupational therapy teams.

Can I drive?

You can have a look at the DVLA website: https://www.gov.uk/health-conditions-and-driving/find-condition-online

You should also contact your insurance provider before driving as your injury may affect your insurance.

You must be able to safely do an emergency stop or manoeuvre comfortably. You should always be in full control of your vehicle comfortably.

Can I work?

This depends on what job you do.

If the job is manual and requires driving you may need to take some time off.

Your GP can give you a fit note. This is if you did not get it from the emergency department and feel you need one.

On-going pain

Most people recover well. But for some people, the pain does not go away completely. If you still have pain after 12 weeks, or your pain gets worse after this time, you should talk to your GP.

On-going pain can be because of the change of shape to your spine. This change of shape can cause different types of pain:

- **Nerve pain:** If a spinal fracture causes irritation to a nerve as it heals, the pain can continue after fracture healing. Pain can also continue if the nerves become sensitive as they can continue to send pain signals after the bone has healed.
- **Muscle spasms**: A change in the shape of your spine can stretch or shorten your back muscles. This can cause spasms when lifting or when pushing, pulling, bending or twisting, such as when doing house work.
- **Joint and ligament pain:** A change in the shape of your spine puts strain on the other structures such as joints and ligaments between your vertebrae.
- **Arthritis:** If you already have arthritis in your back, it can be made worse by the change in the shape of your spine. The fractures can also make you more likely to get arthritis in the future.

Contact details

Injuries. Emergency Department, Leicester Royal Infirmary: **0116 258 5727**

Ambulatory Emergency Department, Leicester Royal Infirmary: **0116 258 0051**

Space for notes:

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
إذا كنت ترغب في الحصول على هذه المعلومات بلغةٍ أُخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો.

If you would like this information in another language or format such as EasyRead
or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research