

Health & Reviews

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Our theatre critic knows only too well the agonies David Tennant felt when a prolapsed disc put his Hamlet out of joint. Here's his dramatic tale

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ALAS, poor David Tennant, whose prolapsed lumbar disc stopped him from playing his first night Hamlet in London. I feel for Tennant, dispatched for immediate back surgery. I feel for myself too. Although I have never needed to face the surgeon's knife, I think I know the sort of pain Tennant had been suffering.

For I and slipped discs have a dramatic history. We have been painfully together on and off for about two decades. Indeed, I watched Tennant's Stratford-upon-Avon press night in August stuffed with paracetamol and ibuprofen. As the play was launched on the battlements of Elsinore, sciatic nerve pain gripped my calf — its location a likely sign of something significantly awry. Tennant was months

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away from his prolapse, while I was just a couple of weeks away from being diagnosed with my fifth, or is it sixth?

I have intentionally lost count of the number of times that my discs have laid me low, confined to beds and sofas, hardly able to sit or stand. I recall how I would totter in the pained, tentative decrepitude of someone ancient on their last legs, feeling as if I were dress-rehearsing for my own impending senility. Would I ever be right again? Well, yes, up to a fairly good point.

My condition has led me these past 20 years to various neuro and orthopaedic surgeons for diagnosis, osteopaths, physiotherapists and chiropractors for prevention or cure. I have been scanned (showing thin discs), massaged, ultrasounded and injected in the depths of my back three times with cortisone — the last time a nerve-root injection so painful I was almost sick. I have been manipulated. I have tried to maintain the valuable Pilates therapy and shamefully got bored. I have had my limbs stretched, cracked and pressed. I have been for Kieser Training and, after months on a fearful piece of machinery, developed very strong back muscles. Sadly, shamefully, laziness caused me to let that improvement slip and vanity sent me back to the gym instead.

I have paid for my folly with sequences of pain and immobility caused by fresh



BBC / MATRIXPHOTOS.COM



Lost time: David Tennant, star of Dr Who, left, steps out after recovering from his recent back surgery

Me, my back and Dr Who

prolapsing discs. My particular point of weakness, where the trouble usually flared, was L4 — that's quite low down — or L5/S1. Being a theatre critic, sitting in the rotten seats and benches that over-subsidised theatres insist upon over-packing with customers they treat with indifference, has not helped me at all. I will never return to Hampstead Theatre, most uncomfortable of all playhouses with its lack of leg-room.

Only serious masochists want to recall past pains, though it can be useful to look back in anguish. Bitter experience has taught me something. If you have thin discs and are susceptible to incapacitating back pain you need to keep a vigilant, suspicious watch on yourself. When I watched Tennant play Hamlet at Stratford I had been suffering for about three weeks from pain in my calf. I convinced myself it was not disc

trouble, continued going to the gym, running and using the cross-trainer.

My personal trainer and my physiotherapist both assured me I was suffering from chronic hypochondria. My GP diagnosed a trapped nerve, causing sciatic nerve pain. I was not that worried. I was quite mobile, I could bend and it was not a trial to turn over in bed. So I hoped for the best and trusted in my doctor.

Then the pain became worse in the evenings at the theatre or whenever I sat for a long time. At night when I wrote my reviews I would have to stop and walk around or lie on the floor. That night at Hamlet when I got up at the interval the pain reduced and the second half was not such an endurance test. I walked the mile back to my hotel without difficulty. Was this awful, intermittent discomfort significant? I seethed with doubts.

The pain continued to become more severe. It started to hurt when I stood or even walked. Mornings were agony. I would get up and the pain was so severe I retreated to bed again. Nurofen and paracetamol did not help enough, though two cups of strong coffee reduced the discomfort for a while.

I was convinced I had some sort of prolapsed disc. I went to my neurosurgeon. He asked me whether I was taking Nurofen Sustained Relief capsules for Back Pain. I had never heard of them (nor had my GP). I started at once. The change was dramatic. The pain began to reduce in strength and frequency.

Having had a scan after first seeing my neurosurgeon, I went back the next week and he told me I did have a small prolapse. Neuro and orthopaedic surgeons soon lose interest in you if you're not a candidate for surgery and they are rotten about the management of the terrible nerve pain that comes with slipped discs.

So this time round the neurosurgeon sent me off for that excruciating nerve-root cortisone injection, when you are strapped down on your stomach as if for torture. And a torturer would have relished my suffering. Subsequently the malady of calf-pain lingered on. I opted for a second opinion and went to an orthopaedic surgeon a week later.

He looked at my scan, pressed my vertebrae and said I needed an epidural, involving three cortisone injections all round the facet joint that he believed was the cause of my problem. Even with a scan it seems they don't precisely know what causes your pain. I was not, he said, ready to be sent to his physiotherapist whose manipulations might cause me too much discomfort. I could do nothing, but it would take ages for me to recover.

I silently disagreed. I felt, with some evidence, that orthopaedic surgeons

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My back catalogue of pain

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loved getting you into their operating theatres. Years earlier I had been treated by a physiotherapist for calf pain and he'd assured me I would be playing squash again by the weekend. The following evening at 10pm I was suddenly seized with pain in my back so great that I collapsed in the kitchen, lying contorted and unable to get up or move. Luckily, I had seized a cordless phone. It took me three hours before I could move. The next day I went to an orthopaedic surgeon who had me scanned at once and wanted to operate within a fortnight on what he described as a serious prolapse. The neurosurgeon to whom I went for a second opinion disagreed, saying I would recover without such an intervention. He was right. But I never played squash again.

This time, as I believed I had dramatically improved, I decided an epidural was quite unnecessary. I went

instead to the physiotherapist at St John and St Elizabeth Hospital. He was the best I have ever been to. He taped up the area in my calf where the nerve pain was and I found that this covering helped to dull the discomfort. So did an elasticated bandage. He massaged my vertebrae. He reassured me that my renewed pain was due to the effect of the cortisone injection wearing off. He was right all round. The pain faded. I recovered. I returned to the gym, my running machine and cross-trainer.

What has my experience taught me? To be questioning and not to put too much faith in orthopaedic surgeons. To seek out the best advice on pain control — Nurofen SR back capsules have been wonderful for me. To view all paramedical treatment with suspicion. Only this latest physiotherapist strikes me as excellent. He tells you what he is doing and why and what symptoms he seeks to relieve and how. Now I am poised to go back to Pilates or Kieser Training — I can only live in hope.
