

## COCCYDYNIA



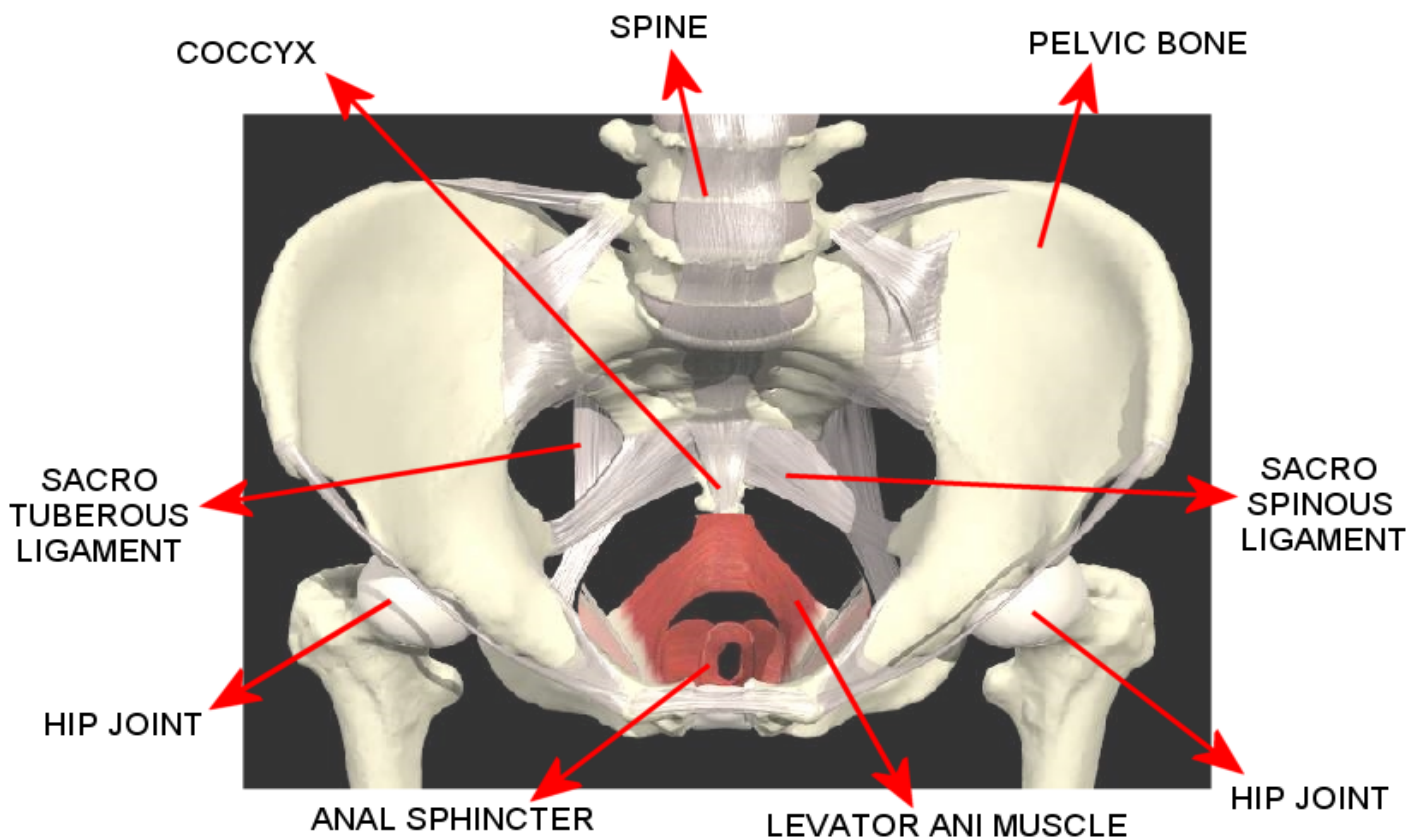
View of spine from the side

### The parts of your spine and how they work

The very bottom of the spine is the sacrum and coccyx. The sacrum is a wedged shaped bone of the spine that wedges into the ring of the pelvis like a key stone in an arch, At the very tip of the wedge and just above the back passage is the coccyx.

### Introduction

Coccydynia, or tailbone pain, is a fairly rare and poorly understood condition that can cause persistent low back pain. It is felt as a localized pain at the very bottom of the spine (the coccyx) and will generally feel worse when sitting. The condition is much more common in women than men. It is usually caused by local trauma (a fall) or giving birth. On rare occasions, an infection or tumor can also cause pain in the coccyx. Local conservative treatments usually suffice to control or alleviate the pain. Rarely, surgical removal of the coccyx may be necessary if local conservative treatments are not effective in relieving the pain.



View from inside the pelvis.

### Causes of coccydynia

The coccyx is the very bottom portion of the spine. It represents a vestigial tail (hence the common term "tailbone") and consists of four or more very small bones fused together.

It is not clearly understood which portions cause pain. Either the ligaments or the disc may be a cause of pain.

It is thought that the condition is more common in women because:

1. In women the coccyx is rotated and faces backward, which makes it more susceptible to trauma.
2. Women have a broader pelvis, which means that sitting places pressure not only on their ischial tuberosities ("butt bone") but also on the coccyx. (Men tend to sit only on their ischial tuberosities without a lot of pressure applied to the coccyx.)
3. Childbirth is a common cause of the condition

## Diagnosis

1. A thorough medical history.
2. A thorough physical examination.
3. X-rays of the sacrum and coccyx both in the sitting and standing position
4. Sometimes a MRI and / or CT and / or Bone scan

## Treatments for coccydynia

- 1) Pain killers and anti inflammatory medication - such as Paracetamol, Codeine, Ibuprofen and Naproxen—are useful. Some decrease pain while others decrease inflammation.
- 2) A donut-shaped pillow to help take pressure off the coccyx when sitting. Patience is also very important, since it often takes many weeks, or even months, for the pain to subside.
- 3) A local injection of a numbing agent (lidocaine) and steroid (to decrease inflammation in the area).
- 4) Manipulation, Stretching and Ultrasound can also be helpful.

### 5) Preferred method - Digital massage with Isometric strengthening of pelvic floor and inner thigh muscles.

- a) Firm and slow digital massage onto the painful area. Use baby oil or any vegetable oil and massage with the tip of your right index / middle finger for 60 seconds at any one time. Repeat every hour that you are awake. Initially you do not need to put a lot of pressure. Slowly over a period of time you should be able to increase the amount of pressure you apply. It is a slow, gentle and firm massage that you need to do. It is important that too much pressure is not applied initially. Too much pressure may increase the pain and you will be very uncomfortable.
- b) Pelvic floor exercises. Pulling up the muscles of the pelvic floor as if tightening the hammock that runs from the front to the back and holding the bladder and bowels for 10 seconds. This is the same muscle you use if you are trying to stop yourself passing water Repeat 3 times each hour that you are awake.
- c) Adductor Tightening. The adductors are the group of muscles found on the inner aspect of the thigh. Clench your fists and hold your fists between your knees. Now with your thighs squeeze your fists. This will tighten the adductors of the thighs. Hold for 10 seconds and relax. Repeat 3 times every hour

### 6) Surgical treatments for coccydynia

This surgery is rarely performed. A one to two-inch incision is made right over the top of the coccyx, which is located directly under the skin and subcutaneous fat tissue. There are no muscles to dissect away. The covering over the bone (the periosteum) is then dissected away from the bone starting on the back and carried around the front. Staying in this plane of tissue is very safe, and allows the coccyx to be dissected free and then separated from the sacrum. The coccyx is then removed. Sometimes the removed coccyx sent to the lab for examination under a microscope. The operation takes about thirty minutes to perform. The most difficult part of the operation is that it takes a long time for the patient to get better. Generally, it takes three months to a year after the surgery before patients see any relief from their symptoms, and of course sitting is very difficult. The reliability of the operation is largely dependent on pre-operative patient selection. In highly selected patients, an 80% to 90% success rate can be expected.

#### Potential risks and complications

- a) The main risk with the surgery is damage to the back passage. The rectum lies right in front of the coccyx, and if this is violated a severe infection could result. While it is unlikely, it is possible that if this were to happen a diverting colostomy (An opening is made in the front of the abdomen and a bag is attached to collect your faeces) may be necessary to allow the rectum to heal.
- b) Other potential risks include wound healing difficulties and/or local infection. Of course, continued pain post-operatively is always a possibility. Unlike most other spine surgeries, there are no significant nerve roots in the region that would be at risk.

If you require any further information please do not hesitate to contact

Mr. George Ampat

Consultant, Trauma, Orthopaedics and Spinal Surgery

Southport District General Hospital,

Town Lane, Southport, PR8 6PN

Tel Secretary 01704704192

E-mail: [George.Ampat@southportandormskirk.nhs.uk](mailto:George.Ampat@southportandormskirk.nhs.uk)

Capio Renacres Hospital,

Renacres Lane, Halsall, Nr. Ormskirk, Lancashire L39 8SE

Tel +44 (0) 1704 841133 Fax +44 (0) 1704842030

E-mail: [geampat@gmail.com](mailto:geampat@gmail.com)