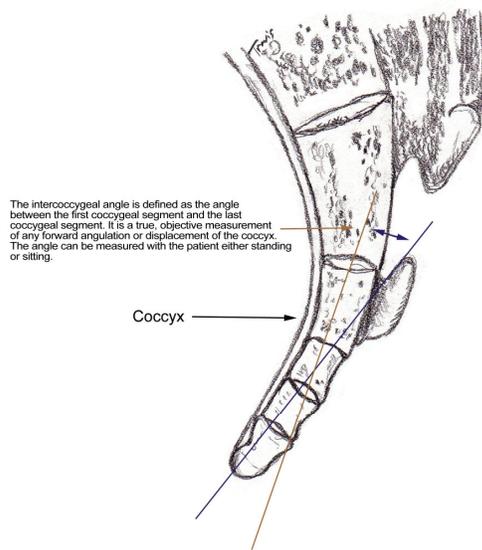


The coccyx (or tailbone) is the very bottom of the spine. It is a small, mobile segment of spine that does not provide any structural support or protection for the spine. It is attached to the sacrum (the triangular shaped bone at the base of the spine) by ligaments. Unfortunately, this little, seemingly useless part of the anatomy can become a very painful problem. Fortunately it is an uncommon cause of low back pain.

What is Coccygodynia?

Simply put, coccygodynia means “tailbone pain”. Generally the pain is felt deep in the buttocks, near the area of the rectum. Pain is usually worse with direct pressure or with rising from a chair and walking.



What causes Coccygodynia?

There are many possible causes. The most common is direct trauma to the coccyx from a fall or direct pressure. Very thin people (especially women) with a prominent coccyx are at risk of developing coccygodynia. Repetitive strain of the ligament attachments in this area such as with cycling or rowing is a known cause of pain. Childbirth can also lead to coccygodynia. An extremely rare tumor called a chordoma is occasionally the cause of pain. Approximately 1/3 of cases are considered idiopathic, where no specific cause is found.

What can be done about Coccygodynia?

Upon initial presentation, the majority of patients are treated with anti-inflammatory arthritis medications and pressure relief. Usually one is prescribed a donut seat cushion to take the pressure off of the tender area. This may take several weeks or months. If these simple steps do not help, many people (approximately 80%) respond to one or more steroid injections into the painful area. Manipulation of the coccyx (wiggling and stretching of

it's attachment) may also be helpful, although long term studies suggest that this may only be temporary. Finally, if all else fails, some patients are candidates for surgical removal of the coccyx (called coccygectomy).

Tell me about the surgery?

The patient is placed prone (on their belly) under general anesthesia. The buttocks are retracted, and a 2-3 inch incision is made in the gluteal fold (the "butt crack"). The coccyx is exposed, and the soft tissues peeled away. The coccyx is removed at the joint where it attaches to the sacrum. Occasionally, the end of the sacrum is shaved down if it is prominent. The wound is closed and an impervious dressing is applied. The patient is sent home the same day, and must avoid sitting, and particularly scooting until the wound is healed. Due to the proximity to the anus/rectum, as well as the stresses on the wound due to positioning and movement, there is a fairly high risk of wound infection and healing issues. It may take several months for the pain to resolve. In general, in the appropriately chosen patient, without any complications, pain relief can be seen in up to 80% of patients.