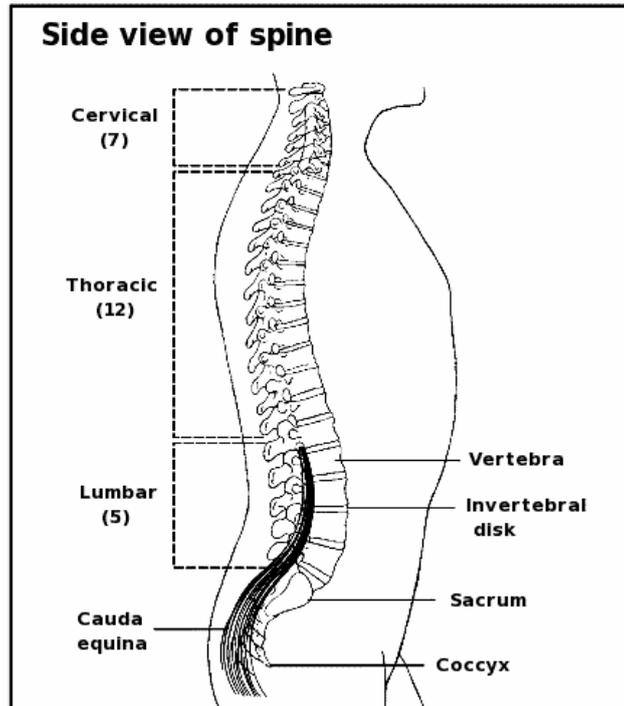


Epidural steroid Injections



What is an epidural injection?

The term 'epidural injection' refers to the injection of corticosteroids and local anaesthetic into the epidural space, to treat pain caused by irritation and inflammation of spinal nerves.

Epidural injections can be performed at different points along the vertebral column:

- A cervical epidural is into the neck.
- A thoracic epidural is in the upper part of your back.
- A lumbar epidural is in the lower part of your back.
- A caudal epidural is at the base of your spine.

An epidural injection is thought to work partly by calming the nerves transmitting the pain with the use of corticosteroids which have a strong anti-inflammatory property, but also by blocking the pain long enough to allow the body to begin repairing itself.

How is an epidural performed?

You may be given some sedation prior to the procedure. You will be asked to lie on the x-ray table and move into the most appropriate position. The area of skin is cleaned with antiseptic, then local anaesthetic is injected to numb the skin.

At this point, an epidural needle will be positioned under x-ray guidance to the correct area. Once the needle is in position, the injection is given. Often there is some discomfort at this point. It is important that you make us aware of this so that we can give the injection over a longer period of time, in order to reduce this discomfort as much as possible.

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Injections can be given from the side, where the nerve exits the spine, in which case it is called a **transforaminal injection**; or the back of the spine in which case it is called an **interlaminar injection**. Sometimes an anaesthetic is combined with the corticosteroid and injected next to an individual nerve root, directly medicating that specific inflamed nerve. This is called a **selective nerve root block or a dorsal root ganglion block**.

What are the benefits of epidurals?

The main benefit of an epidural injection is to reduce pain. The magnitude and duration of the effect may vary from person to person. Most patients will receive good relief for weeks to months. It is important to note that an epidural injection can also be used as a diagnostic tool to identify the exact site of nerve irritation or damage.

Are there any risks?

There are risks associated with any procedure, including infection and bleeding at the site of the injection. There is also the simple risk that the intervention may not work. Infection and nerve damage can be quite serious more so in the neck region, though the chances are very small (0.1% to 0.01%). Rarely there is an allergic reaction to the medication. The injected cortisone stays in the joint and only a tiny amount reaches the blood stream. This is not an amount that will cause any detrimental effect. However, facial flushing and/or irregularities in the female menstrual cycle or an increase in blood sugar may occur. A few people experience headaches after epidurals (1 in 100). These are worse when sitting or standing and usually can be relieved by lying down. Please ring the pain clinic if you experience any of the following:

- severe headaches,
- worsening of pain,
- fever,
- vomiting
- loss / decreased sensations in your limbs.

What are the alternatives to epidurals?

Alternatives will have been discussed with you at your consultation. Depending on your particular situation, these can include measures such as medication and surgery.

How long will I be in hospital?

You will be asked to attend the hospital on the day of your procedure. A letter providing all the information will be sent to you before the date of your procedure. Please ensure you arrive 2 hours before the procedure. You may be in hospital for a period of approximately up to 6 hours. Very rarely, in case of complications an overnight stay may be required.

What happens before the procedure?

You may eat a light meal and drink normally prior to your treatment. Please arrive in good time for your appointment. Prior to the procedure, the doctor will explain the treatment. You will be able to ask any questions you like about your treatment. When you are completely satisfied that you would like to have the treatment which has been explained to you, we will ask you to sign a consent form. It is important that you tell the doctor if:

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- You are taking Aspirin, Warfarin or other similar drugs
- You have a bleeding problem
- You are allergic to local anaesthetic
- You have any other serious medical problems
- Or if you are unwell on the day.

What happens after the procedure?

There will be a period of rest after the procedure. During this time you will be able to eat and drink normally. The nurse will assess whether you are ready to go home. You should not drive yourself. There will be some muscle soreness for about a week. Your leg could feel weak after the procedure so it is really important that someone is around to support you when you stand up. An appointment letter to attend a follow-up clinic after 4 to 6 weeks will already have been sent to you.

For a few days after the treatment you may find that the pain is worse than before. This is due to the procedure itself. You may also experience some degree of numbness or weakness in your arms and fingers or legs and feet or pins and needles for a few hours. This will wear off. Take things gently during this time and continue to use your regular medications.