

Epidural Injection Information

What is an Epidural steroid Injection?

An epidural steroid injection is a spinal procedure in which a steroid and usually an anaesthetic are injected in the spinal region called the epidural space. The epidural space is a specific zone where the nerves leave the spinal column. The nerves, spinal fluid, and spinal cord are enclosed within a membrane sack called the dura. This “space” can become narrowed due to disc herniation / prolapse, bone overgrowth and general spinal degenerative changes.

It is useful to reduce inflammation from nerve roots or intervertebral discs. Decreasing the inflammation may decrease the pain originating from these structures.

Over time the spinal column may become painful either due to wear and tear (also called degenerative change) and injury to one or more nerve fibers can result in ongoing lower back or pain into the legs. An epidural can often provide the best option to treat this pain pattern

What is an Epidural “Injection”?

This is an injection targeting the spinal column. It seeks to diagnosis and treat the issue at the same time. The duration of improvement is difficult to predict because there are usually multiple sources of pain in the degenerative spine.

There are three main types of epidural injections:

- ✓ **Interlaminar:** the injection is usually midline and placed directly between two vertebrae.
- ✓ **Caudal:** the injection is placed through a small opening (sacral canal) just above the tail bone.
- ✓ **Transforaminal:** the injection is placed in the foramina (opening) on the side of the spine near the exiting nerve. This is often described as a selective nerve root injection and is described in another

What does the procedure involve?

Typically the procedure involves the following steps:

- ✓ **This procedure takes about 10-20 minutes**
- ✓ **Sedation it is not used as you need to confirm the correct and safe position of the device in for your physician in order to maximise the long-term outcome.**
- ✓ **You will lie on an examination table and the area examined under x-ray guidance.**
- ✓ **The area's to be injected will be cleansed with antiseptic solution then numbed with a local anaesthetic. This will help numb the area**
- ✓ **A needle will be inserted with x-ray guidance to ensure proper needle placement after which a mixture of local anaesthetic and steroids are injected.**
- ✓ **Once the needles are positioned you will be asked some simple questions about what you feel (pressure / pins& needles) in the affected area. This will help your consultant ensure the needle is in the best position to treat your pain**
- ✓ **Often the patient will experience immediate relief merely from the local anaesthetic, but this wears off in a few hours.**
- ✓ **After the injection the patient is placed in an observation area for 10-20 minutes to watch for adverse reactions.**
- ✓ **Once you are able to stand and walk you will be able to leave**

Important things to remember about your procedure

- a) Your buttock / legs may feel “heavy”. This is from the local anaesthesia. It will wear off gradually but walking may seem difficult.
- b) It is normal that the pain may increase in intensity over the first 4-7 days after the injection.
- c) Bruising may be present in the area where the injection was placed
- d) Infection is rare but if it feel hot /swollen please ask your GP to review.
- e) Allergy to injected medication is unusual.
- f) The steroid may result in facial flushing (redness), altered menstrual cycle, raised blood glucose level (if you are a diabetic) and sometimes insomnia.
- g) Generally you can return to light activity within 24 hours. Avoid excessive activity / heavy work for 48 hours after the procedure.

- h) Be sure to use your analgesics during this time to help recovery.
- i) Remember it may take 4 weeks before you feel any improvement

What risks or side effects are there?

There are several risks associated with epidural injections, and although they are all relatively rare, it is worth discussing each with the doctor who will be conducting the procedure to determine the incidence of prevalence in their practice.

As with all invasive medical procedures, there are potential risks associated with lumbar epidural steroid injections. Common issues include

- ✔ Temporary numbness and weakness of the lower limb / buttock region
- ✔ Temporary numbness of the bowels and bladder,
- ✔ Sensation of “heaviness” in your legs that may persist for 24 hours
- ✔ Tenderness that persists in the lower back muscles where the injection was sited

Other potential risks and complications include:

- ✔ **Infection.** Severe infections are rare, occurring in 0.1% to 0.01% of injections.
- ✔ **Dural puncture ("wet tap").** A dural puncture occurs in 0.5% of injections. It may cause a post-dural puncture headache (also called a spinal headache) that usually improves within a few days. Although infrequent, a blood patch may be necessary to alleviate the headache. A blood patch is a simple, quick procedure that involves obtaining a small amount of blood from a patient from an arm vein and immediately injecting it into the epidural space to allow it to clot around the spinal sac and stop the leak.
- ✔ **Bleeding/Bruising.** Bleeding is a rare complication and is more common for patients with underlying bleeding disorders.
- ✔ **Nerve damage.** While extremely rare, nerve damage can occur from direct trauma from the needle, or from infection or bleeding. The procedure is undertaken without sedation to ensure that risk of this occurring is minimised.

Possible Side Effects of Lumbar Epidural Steroid Injection

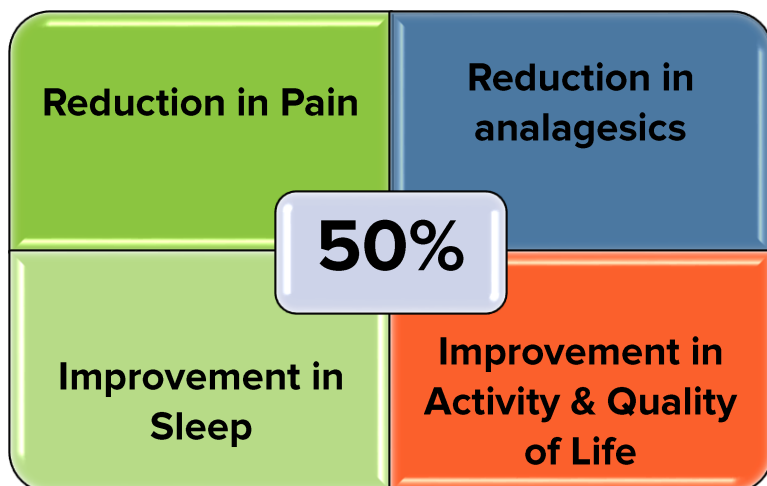
In addition to risks from the injection, there are also potential side effects from the steroid medication itself. These tend to be rare and much less prevalent than the side effects from oral steroids. Nonetheless, reported side effects from epidural steroid injections include:

- ✓ Localized increase in pain
- ✓ Non-positional headaches resolving within 24 hours
- ✓ Facial flushing
- ✓ Anxiety
- ✓ Sleeplessness
- ✓ Fever the night of injection
- ✓ High blood sugar
- ✓ A transient decrease in immunity because of the suppressive effect of the steroid
- ✓ Stomach ulcers
- ✓ Severe arthritis of the hips (avascular necrosis)
- ✓ Cataracts

What are the long-term Goals?

Your consultant will give you guidance on what the expected outcome might be after your procedure.

In general, there can be a number of positive outcomes which might include



What should you do next?

If you feel you suffer this chronic pain please contact us and we can start to make a plan to help you get back in control

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Disclaimer: This information is to assist individuals understand the procedure and it should not replace the opinion of the pain consultant