

Epidural Steroid Injection

(Cervical, Thoracic, Lumbar)

□ What is the epidural space?

The membrane that covers the spinal canal and nerve roots in your spine is called the dura membrane. The space surrounding the dura is the epidural space. Nerve root irritation that may be the cause of your pain can be treated with medication injected into the epidural space, because of the proximity of this space to the nerve roots. Ultimately, the medication injected (i.e. steroid) into the epidural space can relieve the pain by way of its anti-inflammatory effects

□ What is an epidural steroid injection? How can it be helpful?

An epidural steroid injection places anti-swelling medicine (steroid) into the epidural space to stop swelling of the nerve roots. This procedure will hopefully reduce pain. The injection may help heal the injury by reducing inflammation. The injection may provide long term relief or provide a period of pain relief that will allow other treatments, like physical therapy, to be more effective.

The injection may be targeted in the middle of the epidural space (interlaminar) or directed at specific nerve root levels (transforaminal). The transforaminal route (a.k.a. selective nerve root block) may be useful diagnostically in being able to sort out the specific nerve root that is causing the pain based upon the response of the injection.

□ What will happen to me during the procedure?

You will lie on your stomach on a procedure table with pillows positioned for optimal comfort.

After the back area is prepped with special soap, local anesthetic numbing medicine will be injected over a small area of the skin, which may sting for a few seconds. Next, a special needle will be inserted and guided via x-ray to the epidural space. Dye is then injected to confirm proper location into the epidural space. Finally, the medication (e.g. steroid and anesthetic) is injected. Pressure may be felt in the back or down the leg as the medication is injected.

□ What are the possible side effects of the injection?

- Bruising
- Flushing
- Temporary slight numbness
- Headache if dural puncture occurs (2% risk)
- Temporary (24-48 hours) flare-up of back pain
- No change in your pain
- Reaction to the local anesthetic or steroid (rare)
- Infection (rare)

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- Collapsed lung (rare, only a risk in the cervical and thoracic regions)
- Spinal cord or brain injury (rare, only a risk in the cervical and thoracic regions)

□ **What should I do after the procedure?**

Immediately afterwards, you may be given an injection report form which will ask you to monitor your pain levels after the procedure. We will review this with you before you depart the clinic. Your health care provider who referred you for the injection will assess the outcome of the procedure with you to determine the future course of your treatment.

Your doctor may refer you to a physical therapist or chiropractor right after the procedure while the numbing medicine is active, and over the next few weeks while the steroid is working.

We prefer that you have a ride home, and if you do, you can leave right after the procedure if you feel otherwise normal. If you do not have a ride home and have not had any oral or i.v. sedating medicine, you can drive yourself home after being observed for 30 minutes and do not develop any neurological symptoms following the injection.

□ **General instructions before and after the epidural steroid injection:**

- Do not eat anything for 6 hours prior to the procedure.
- Take your routine medicines before the procedure (such as high blood pressure and diabetes medicines). Do not take aspirin and all anti-inflammatory medicines (such as Motrin/ibuprofen, Aleve, Relafen, Daypro). These should be stopped five days before the procedure and can be restarted the day after the procedure.
- Unless you and your healthcare provider decide otherwise, do not take your regular pain medicine the day of the procedure, but you can restart it after the procedure, if needed.
- If you are on coumadin, heparin, you must call our office to determine how long these medications should be stopped before the procedure and whether a blood draw is necessary. Typically coumadin is stopped for 4 days prior to the procedure.
- If your procedure has a diagnostic purpose, we discourage the use of sedating or pain medication at the time of the procedure, as this may alter your perceptions of pain that are not related to the injection. If you receive any sedating or narcotic medication, you will need to have someone drive you home. You may return to your current activity level the next day, including returning to work.

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- If you are an insulin-dependent diabetic, take half your insulin dose the morning of your procedure. Your blood sugar may be temporarily elevated after the procedure for a few days due to the steroid. Check with your diabetes doctor about temporarily adjusting your insulin.

Because this is a non-urgent medical procedure, it is important that you do not have a high temperature, lung infection or other acute infectious illness at the time of the injection. If you are concerned about your fitness for the injection, please call your health care provider.



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I have read the note above, and my questions regarding the proposed procedure have been answered satisfactorily.

Signature

Date

Print Name

Date of Birth