

# Epidural Steroid Injection

## Patient Information Sheet

### 1. What is an epidural steroid injection?

An epidural steroid injection is an injection of local anesthetic and steroid deposited into the epidural space. The epidural space is a space located in the spine just outside of the sac containing spinal fluid. The goal of an epidural steroid injection is to provide pain relief by reducing the inflammation (swelling) of the nerve roots as they exit the spine. An epidural steroid injection will not correct the preexisting medical problem (i.e. spinal stenosis, herniated or bulging disc, arthritis, etc.) but may improve the level of pain. It is not unusual for someone to need more than one injection to get long term benefit. The injections are done in a series of three injections about 2-4 weeks apart if needed. If the pain significantly improves, no further injection is needed unless the pain begins to come back.

**Note: The procedure can not be performed if you have an active infection, flu, cold, fever, very high blood pressure, or if you are on blood thinners. Please make your doctor aware of any of these conditions. *This is for your safety!***

### 2. What are the risks of the procedure?

The main risk that occurs at a rate of approximately 1/100 is the risk of a dural puncture. (This rate is higher in patients who have had previous back surgery). A dural puncture occurs when the needle is unintentionally advanced one layer beyond the epidural space and punctures the membrane that surrounds spinal fluid. If this occurs there is a risk of developing a spinal headache, which may be severe and may last several days. There is a procedure (epidural blood patch) that can treat the headache if it occurs and does not improve sufficiently in 48 hours.

Other risks are remote but include bleeding, infection, nerve injury, and allergic reaction to the medication.

Some short-term side effects may occur. If local anesthetic spreads to nearby nerves you may have weakness or numbness that can last for 1 – 2 hours. If this happens you will have to stay in the Murphy Pain Center until this resolves. You may have increased pain for a few days after the injection. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1 – 2 weeks.

### 3. Will the injection hurt a lot?

Most people say the stinging/burning of the numbing medicine is the most uncomfortable part of the procedure though every person's response to any procedure is different.

### 4. What happens during the actual procedure?

After signing a consent form and checking your blood pressure the procedure will be done in the fluoroscopy (x-ray) room with you lying on your stomach. The back or neck is then cleansed with an antiseptic soap and a drape is placed. The skin is anesthetized (numbed) with a local anesthetic. This is felt as a stinging or burning sensation. The needle is then advanced into the epidural space. Pressure is the usual sensation felt – if pain is felt, more local anesthetic will be used. Once in the epidural space the medication is infused and procedure is complete. Your skin will be cleansed and a bandage will be applied. (The bandage can be removed when you get home). Your vital signs will be checked. You will be escorted to the recovery area where you will be offered something to eat and drink. You will be

monitored in the recovery area for 15 minutes. Your pain level will then be re-assessed and you will be discharged to leave with your ride.

Should you have your injection performed in the hospital, your recovery and discharge will be per hospital protocol.

#### **5. How will I feel after the injection?**

Most people don't feel any different immediately after the injection though the pain may be temporarily improved or worsened. The steroid takes two or three days to start to have an effect in most people and peaks in about two weeks. Therefore, it may be a while before you feel a change in you pain.

Some local tenderness may be experienced for a couple of days after the injection. You will be given instructions on the use of ice and heat at your discharge to help minimize this discomfort. You may take your usual pain medications as well after the injection.

#### **6. Will I have any restrictions on the day of the procedure?**

**Do not eat or drink** for 6 hours prior to the procedure. You may take your medications for blood pressure or heart with a sip of water. You may also take your pain medication with a sip of water if you are able to tolerate it on an empty stomach. **If you are DIABETIC or take BLOOD THINNERS , you will need to contact the office prior to your procedure** for instructions, unless you received instructions when you scheduled the appointment. Be aware that some types of blood thinners must be stopped several days prior to your injection which will require the approval of your prescribing physician.

You **MAY NOT** drive for the remainder of the day after your procedure. An adult must be present to drive you home or to go with you in a taxi or on public transportation. **The procedure will be canceled if you don't have a responsible adult with you!!! This is for your safety.**

No heat is to be used in the injected area for the remainder of the day.

No tub bath or soaking in water (i.e. pool, jacuzzi, etc.) for the remainder of the day.

You may return to eating and drinking as usual after your procedure.

#### **7. For what reasons should I call the Murphy Pain Center after the injection?**

If you experience severe back pain, new numbness or weakness of your legs, loss of control of your bowels or bladder, or signs of infection in the area of the injection, you should call the Murphy Pain Center right away at 502-736-3636.