

Nerve Root Injection/Transforaminal Epidural Injection

Patient Information Sheet

1. What is a nerve root injection/ Transforaminal epidural injection?

A nerve root injection/ Transforaminal epidural injection is an injection of local anesthetic and steroid under x-ray guidance into the area where the nerve exits the spinal column. A nerve root injection/ Transforaminal epidural injection is usually ordered by your doctor for pain in the arm or leg that follows the path of a single nerve.

A nerve root injection/ Transforaminal epidural injection may be diagnostic and/or therapeutic. One of three things may happen.

1. The pain does not go away- which means that the pain is probably not coming from the nerve at the level of the injection – this has diagnostic value.
2. The pain goes away and stays away for a few hours but the original pain comes back and doesn't get better again. This would mean the block was also of diagnostic value – the pain is probably coming from the nerve at the level of the injection, but the steroid was not of benefit.
3. The pain goes away after the block, the pain may come back later that day, but then the pain gets better again over the next few days. This means that the block was of therapeutic value – the steroid had a long lasting effect on the pain.

If you get good, lasting benefit from the injection the block may be repeated. Sometimes your surgeon will ask that the block be done to help identify whether or not surgery might be helpful and at what level the surgery might be most helpful.

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?

As with most procedures there is a remote risk of bleeding, infection, nerve injury, or allergic reaction to the medications used.

Some short-term side effects may occur. You should get some numbness that follows the path of the nerve that was blocked. You may get some weakness as well. If you get weakness that interferes with your ability to walk, you will have to remain at the Murphy Pain Center until this resolves – usually several hours. You may have increased pain for a few days after the injection, including localized pain at the injection site. 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. As the injection is right near a nerve it is possible to get a temporary "electric-shock" sensation.

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. Using x-ray guidance, the needle is advanced to the proper location. Local anesthetic and steroid are then injected through the needle and the needle is removed. 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 your procedure be performed in the hospital, you will recover and be discharged per hospital protocol.

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

Your pain may be improved immediately after the injection from the local anesthetic. It is important to keep track of how you feel for the remainder of the day. The steroid usually takes two or three days to have an effect in most people and peaks in about two weeks.

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.

It is important that you keep track of the amount of pain relief you received as well as how long the pain relief lasted.

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.

References:

Harvard Medical School-Brigham and Women's Hospital Pain Management Center.
<http://www.hmcnet.harvard.edu/brighampain/faqs/rootblock.html>