

EPIDURAL STEROID INJECTION INFORMATION

Your orthopedic surgeon has requested that you receive an epidural steroid injection. During an epidural steroid injection a corticosteroid preparation, which is a powerful anti-inflammatory medication, is placed within the epidural space, at or near the spinal level where your pain or other symptoms are believed to originate.

The epidural space is the most superficial layer within the spinal canal and is found outside the dural sac which contains the spinal cord, nerve roots and cerebrospinal fluid (the fluid that the spinal cord and nerve roots float in).

The primary effect of corticosteroids is to inhibit inflammation (and decrease swelling) associated with spinal pathologies. It may take up to 3 days after the injection to notice a reduction in your pain.

Generally, at least 50% of the patients treated with an epidural steroid injection experience a decrease in the pain and/or other symptoms associated with spinal pathologies (including spinal stenosis, herniated discs, degenerative discs and other conditions). The decrease in pain resulting from an epidural steroid injection is variable and usually temporary, lasting for periods from one week to one year (and occasionally longer). It is generally difficult to predict in advance what the response will be. An epidural steroid injection may in some cases also help to identify the origin of your pain.

The procedure usually takes 10-20 minutes. You will be asked to sit on a bed and a fluoroscopic x-ray image of your spine will be made. Prior to the injection, the skin over the injection site is cleansed with an antiseptic solution and then numbed with a local anesthetic.

Using fluoroscopy for guidance, a physician will direct a needle toward the epidural space. Once the needle tip is confirmed to be in the epidural space, the steroid solution is injected. Following the injection, the patient is usually monitored for 15-20 minutes before going home.

Although not necessary for most patients, intravenous sedation may be requested to treat anxiety associated with the injection. If sedation is requested, you will have an IV started before the procedure and will be monitored for slightly longer period of time following the injection.

You will be asked to eat nothing solid within six hours of your injection and drink only clear liquids in moderation up until 3 hours before your injection. During the three hours immediately prior to your injection you should take nothing by mouth. You will also be asked to reasonably limit physical activity immediately following the epidural steroid injection. Normal activities (those that were done the week prior to the injection) may typically be resumed the day following the injection. **All patients must have a driver to transport them home after an injection.**

Epidural steroid injections are very safe (similar injections are routinely used to help control labor pain during childbirth), but they do have inherent risks which include:

1. Headaches-Generally known as “spinal” headaches, they are typically not serious and generally with an incidence of less than 1% after epidural injection. Such headaches may resolve spontaneously, though when persistent are treated with a special type of epidural injection (know as a “blood patch”).
2. Pain-Patients often experience some mild to moderate discomfort in the area of the injection for up to 3 days. Epidural injections can also exacerbate preexisting pain and/or create new pain, although this is typically transient.
3. Elevated Blood Sugars-Diabetics may experience elevated blood sugars for up to two weeks after an epidural steroid injection. Adequate monitoring and treatment should be maintained. **Please inform the nurse during your pre-injection call if you are diabetic.**
4. Bleeding-Hematomas which result from bleeding into the epidural space after an injection are very rare but can be serious. They generally occur only in patients who have bleeding disorders such as coagulopathies or low platelet counts or who are taking blood thinners (such as Coumadine, Lovenox, Ticlid, Plavix, dipyridamole, aspirin, etc). Prior to an epidural injection such medications must be temporarily discontinued **under the supervision of the prescribing physician** and bleeding disorders must be corrected. Anti-inflammatory medications (such as ibuprofen, naproxen, Volatren, Relafen, Toradol, Feldene, Lodine, etc) should be discontinued for 3 days prior to the injection and may be restarted after the injection. **Please inform the nurse during your pre-injection call if any of the above applies to you. The nurse will confirm with you any medications which must be stopped prior to your injection, as well as the number of days they are to be stopped.**
5. Adverse Drug Reactions-Such reactions are very rare but can be serious. **Please inform the nurse during your pre-injection call of any drug allergies you have or if you have an allergy to iodine or IV-contrast media.**
6. Spinal Infection-Such complications are very rare but can be very serious. **Please inform the nurse during your pre-injection call if you have an active infection or if you are taking antibiotics.**
7. Spinal Cord and Nerve Root Injury-Such complications, which can result from needle trauma, drug reaction or infection are very rare. Also, there is no risk of needle trauma to the spinal cord during injections at the lower lumbar levels, where most epidural steroid injections are performed, as the spinal cord does not extend into those levels.