

ALL ABOUT YOUR EPIDURAL STEROID INJECTION

You have been referred to our center for an epidural steroid injection. This will answer many of your basic questions. **IF YOU ARE TAKING A BLOOD THINNER SUCH AS COUMADIN OR PLAVIX, YOU MUST INFORM US WHEN SCHEDULING YOUR APPOINTMENT.** You will be contacted by one of our nurses to discuss the procedure and your medications. Please expect that call about a week to ten day prior to your ESI.

WHAT IS AN EPIDURAL STEROID INJECTION? • An epidural steroid injection is the injection of a medication, usually a local anesthetic and a steroid, into the epidural space of the spine for the purposes of pain relief and reduction of inflammation. Medication injected there acts upon the nerves which connect to the spinal cord, transmitting pain signals from other parts of your body. X-ray (fluoroscopy) is usually used to help locate the area of injection.

WHERE WILL THE MEDICINE BE INJECTED? • The medicine is injected between the vertebrae (back bones) in the area where the affected nerves connect. An epidural injection may be performed in any area of the spine: Thoracic epidural is performed in the area between the shoulder blades; Lumbar epidural is performed in the low back region; and Caudal epidural is performed in the tailbone area. The location of your injection depends on the type of pain experienced and the results seen on your MRI study.

IS THE PROCEDURE PAINFUL? • Most people describe the procedure as slightly uncomfortable. The area is numbed before the procedure, which diminishes the “sticking” sensation of the injection. Some pressure or cramping may be expected and occasionally a shock-like sensation is felt. People who have back surgeries in the area may experience more discomfort due to the presence of scar tissues. You are usually mildly sedated during the procedure to add to your comfort.

WHAT ARE THE RISKS OF THE PROCEDURE? • Overall, the risk of serious complications is very low. The risks of an epidural block include, among others, bleeding, infection, allergic reaction, nerve damage, blood clots, breathing problems, paralysis, or death. You may also have pain that is worse or different from the pain you have now. Injection of the medicine into a blood vessel, a change in muscle strength, cramping, heartbeat changes, and low blood pressure or a faint feeling may also occur. Such problems are rare. Other risks include numbness, dizziness, swelling and tenderness at the injection site, or short-term pain relief. You could also have bruising, headache, clumsiness, or weakness. The sedation/analgesia may cause restlessness, slurred speech, breathing problems or low blood pressure.

WHAT IS A WET TAP? • A “wet tap” occurs when the needle used for the injection creates a hole in the membrane that holds the spinal fluid. This occurs approximately 3% of the time but the risk may be higher if you have had prior surgery or repeated injections. The biggest problem this causes is that the procedure will be aborted because the medication will not go where it is needed. Some people will develop a headache after a wet tap but this usually happens in younger patients. If a headache occurs, it usually resolves on its own in two to three days.

WHAT ARE THE BENEFITS OF THIS PROCEDURE? • An epidural block may decrease pain and allow you to move easier. It may also relieve pain in other parts of the body where these same nerves go. An epidural block may relieve pain throughout the body when narcotic pain relievers are used.

WHAT ARE THE ALTERNATIVES? • Alternatives to this procedure include surgery, physical therapy, medicines used to reduce pain and swelling, or just living with the pain.

WHAT ARE THE RISKS OF THE ALTERNATIVES? • The medications alternatives each have their own, specific side effects that your doctor will explain to you. Narcotic pain relievers may lead to addiction or tolerance. Surgery may not relieve your pain or may even make it worse. It may also cause bleeding, infection, disability, or death.

WHAT ARE THE BENEFITS OF THE ALTERNATIVES? • These alternatives may reduce pain and allow you to move easier. They may avoid some of the risks of the epidural injection.

HOW LONG WILL IT TAKE? • You can expect to be at the center for about 1 ½ hours. When you arrive the nurse will briefly review some information with you, place an intravenous catheter in your vein, and attach monitors to watch your heart rate, blood pressure and oxygen levels. You will be taken to a treatment room with X-ray equipment and placed on your abdomen for the injection. The procedure usually takes only 5-15 minutes. Then you will be taken to a recovery area for monitoring and discharge teaching. You may have some numbness in your legs or arms for a short while after the procedure. You will be discharged when you are stable and able to walk unassisted, usually within a half hour after the procedure.

THE DAY OF THE PROCEDURE, WHAT CAN I EAT AND DRINK? • You should not eat (including gum, mints, candy, cough drops, or chewing tobacco) for 6 hours before your arrival time. You may have clear liquids (such as water, apple juice, and black coffee) until 2 hours before your arrival time. You may take your scheduled medications at their normal time or as instructed by the nursing staff. **Do not take any Coumadin, Plavix, or Aspirin the day of your procedure.** Patients who are using medical cannabis by prescription may continue to use as directed but it is requested that you stop at midnight prior to your ESI. Patients who are using recreational cannabis need to stop a minimum of 24 hours prior to the ESI.

ARE THERE ANY RESTRICTIONS AFTERWARD? • You will not be permitted to drive yourself home because the medicines used can cause drowsiness, dizziness, slow response, and reduced coordination. Therefore, **you must arrangements for a responsible adult to bring you and stay with you at home for 4-6 hours after the procedure. Due to the short time involved, your ride/caregiver should plan to stay with you at the surgery center.** Otherwise you are free to eat, drink, or move normally, although we recommend you take it easy the rest of the day. You should avoid heavy lifting or excessive bending, twisting, pushing, pulling, etc. You may continue your pain medications as needed. You may use an ice pack on your back after the procedure to help decrease the discomfort. You will be provided with a phone number to contact Dr. Jennings in case of emergency.