AUSLON MEDICAL GROUP

Information for adult patients undergoing

Epidural steroid injection for the Treatment of Pain

What is the aim of this information sheet?

The aim of this leaflet is to give you information about epidural steroid injection and to answer some questions that you may have. Please note that some places do things differently to others. Your doctor will be able to explain fully what to expect.

What is an epidural steroid injection?

An epidural steroid injection involves injecting a steroid into the epidural space. This is a space that surrounds the spinal cord. Epidural injections can be given anywhere along the spine. This may be in the neck (cervical), between the shoulder blades/back of chest (thoracic), lower back (lumbar) or tailbone (caudal). A transforaminal epidural is similar and the injection is made through a small space at the side of the spine, known as the intervertebral foramen.

Epidurals are used mainly for radicular pain (sciatic leg or arm pain) where simpler measures have not helped. Local anaesthetic (or even a solution called normal saline) with the steroid is injected to bathe the nerve roots which send pain signals to the brain. It may help your pain by reducing some of the pain signals. Pain relief may only last a short time, though some people can get significant and lasting pain relief from these injections. It is not a cure. The injection is usually given alongside other treatments such as physiotherapy

Is this the right treatment for me?

Other treatment options will be discussed with you before deciding to have the injection(s) and your consent is needed. The decision on whether or not to have the injection is made together by you and your doctor. Your doctor will be able to give you with up-to-date information about the chance of this treatment working for you and how it fits in with other care. If you are undecided about whether or not to have the injections then more advice and information can be given. Please speak to your doctor for more information.

If your health has changed, it is important to let your doctor know.

- If you have an infection in your body or on the skin of your back, your doctor will wait until the infection is cleared before you have the treatment.
- If you have been started on anticoagulant or antiplatelet medicines that "thin the blood" such as warfarin, heparin, apixaban, rivaroxaban or clopidogrel, extra preparation may be needed before you have the treatment.
- If you suffer from diabetes, the use of steroids during injections may cause your blood sugar to change, requiring monitoring and adjustment of your diabetic medication.
- If you have any allergies.

You must also tell the doctor if there is any chance that you could be pregnant.

Finally, if you are planning to fly or travel abroad within 5 to 7 days after the injections, please let your doctor know as it may be best to change the date of the injections.

What will happen to me during the treatment?

Before the injection, your doctor will discuss the procedure with you. Your doctor will either ask for your consent or ask you to confirm that you have already given consent and are still happy to have the injection. The treatment will take place in a dedicated area with a trained person. An X-ray machine (or other forms of image guidance) will often be used to make sure the injection is accurate.

Not all doctors do these injections in exactly the same way but this is what usually happens:

- A medical professional will get you ready for the procedure.
- Your blood pressure and pulse rate may checked.
- A small needle (cannula) will be placed in the back of your hand.
- You will be carefully positioned and the skin around the injection site(s) will be cleaned with an antiseptic solution or spray; this can feel very cold.

- You will feel a stinging sensation as local anaesthetic is injected to numb the skin and surrounding tissues. Your doctor will warn you of this first.
- The needle is guided to the epidural space using a technique known as "loss of resistance" where there is a decrease in pressure in a syringe attached to the needle. X-ray (or other forms of image guidance) is usually used to make sure the needle is in the correct place.
- The doctor will direct the injection to the epidural space close to the source of pain and usually inject contrast (a solution that is visible under imaging such as X-Ray) to make sure the needle is in the correct place. When the injections are made, you may feel pressure, tightness or a pushing sensation in your back or leg. If it is uncomfortable, do let the doctor know.

What will happen to me after the injections?

After the injections you will be taken to a recovery or ward area where nursing staff will check on you. Sometimes you will be asked to lie flat for about 30 minutes or longer. You will be helped to sit up and your blood pressure and pulse will be checked. You will be told when to get dressed and be helped to make sure you can stand safely after the procedure.

When will I be able to go home from hospital after my injections?

You will usually be able to go home within a few hours after the injection and in some cases much sooner, depending on how long your doctor or nurse want you to stay. Please make sure that you have someone to collect you after the procedure. It is unsafe for you to drive home immediately after the procedure.

What can I do after my procedure?

Ideally, you should arrange for someone to stay with you for 24 hours but, if you can't, you should at least have access to a telephone. You should not drive, operate machinery, sign legal documents, provide childcare without help or drink alcohol until fit to do so.

If you are not sure, please ask your doctor for more advice.

When can I return to work after the procedure?

This will be different for different people and may depend on the type of work you do. It is difficult to give general advice and so you should discuss this with your doctor.

Will I experience any side-effects?

As with any procedure, there may be some side effects. These are usually minor but there are risks with this procedure.

Side-effects may include:

- Mild local tenderness and/or bruising at the site of the injection. This usually gets better over the first few days.
- You may feel some numbness and/or weakness in your legs (lumbar injections) or arm (cervical injections) because of the local anaesthetic spreading. If this happens, the feeling is temporary and will quickly get better over minutes or hours.
- The steroids can have varied effects ranging from flushing, menstrual disturbances, weight gain, increase in blood sugar levels and worsening of mental health issues. These effects are temporary and are more likely with repeated steroid injections.
- Infection. This is rare. You should seek medical help if there is local warmth or redness where you had the injection with tenderness. Or if you feel hot and unwell. This may need antibiotic treatment.
- There are very important nerves in the spine, but serious nerve injury is very rare and can happen when there is serious bleeding, infection or abscess near the spinal cord, or even physical injury from the needle or injection itself. This is why the doctor takes such great care in giving the injection. Persistent weakness of the legs and/or incontinence needs further urgent investigation. These injections have very rarely caused severe harm. Please speak to you doctor to discuss this fully.
- Blood pressure may fall for a short time and people may sometimes feel faint.
- Headache. On rare occasions the epidural needle may be placed too far and spinal fluid (CSF) encountered. This is called a dural puncture and may lead to headache that requires further treatment. If a severe headache does start following your injection, take some Paracetamol, drink plenty of water and lie flat. If the headache continues for more than twenty-four hours please contact your GP or Pain Clinic.
- Injection treatments do not always work and may not help your pain.
- In rare circumstances, steroid use can damage your eyesight. You should report any new vision problems (such as blurred or distorted vision) to your doctor.

People vary in how they interpret words and numbers.
This scale is provided to help.

What can I expect in the days afterwards?

You may feel some soreness or aching at the injection site. Please keep the area of the injection dry for 24 hours following the procedure. Do not worry if your pain feels worse for a few days as this sometimes happens. Take your regular pain killers and medications as normal and this should get better. Try to keep on the move about the house while avoiding anything too difficult.

What should I do in the weeks after the injections?

As your pain decreases, you should try to gently increase your exercise. Simple activities like a daily walk, using an exercise bike or swimming on your back will help. It is best to increase your activities slowly. Try not to do too much so that you have more pain the next day. Your doctor will be able to give you more specific advice.

What follow-up will be arranged?

A letter will usually be sent to your GP and your doctor will tell you what to do after the procedure. You may be asked to make a call to the pain clinic, be given a form to fill in, or given a telephone review or other appointment.

Is there anything else I need to think about before the procedure?

- Please bring your glasses if you need them for reading.
- Bring any other devices you may need, such as hearing aids, mobility aids etc.
- Always bring a list of all current medication.
- Continue to take your medication as usual on the treatment day.
- Avoid vaccinations including COVID-19 jabs for 2 weeks on either side of the procedure.

Finally...

The information in this leaflet is not intended to replace your doctor's or health care team's advice. If you need more information or have any questions or concerns please speak to your GP or contact your Pain Clinic.

Statement of Acknowledgement

I, ..., confirm that I have read the information on

Epidural Steroid Injection provided in this form.

Email address: .....

..../...../.....

E-Signature *Date*