

EPIDURAL STEROID INJECTION

WHAT DIAGNOSIS IS THIS TREATMENT FOR?

1. Sciatica
2. Radiculopathy
3. Herniated Disc ("Slipped Disc")

WHAT IS AN EPIDURAL STEROID INJECTION?

Epidural steroid injection is an injection of long lasting steroid (like "cortisone") in the epidural space- that is the area which surrounds the spinal cord and the nerves coming out.

WHAT IS THE PURPOSE OF IT?

The steroid injected reduces the inflammation and/or swelling of nerves and tissues in the epidural space. This may in turn reduce pain, tingling & numbness and other symptoms caused by nerve inflammation/irritation or swelling. It is especially good for leg pain from an irritated nerve root in the back, but sometimes works for back pain as well.

HOW LONG DOES THE INJECTION TAKE?

The actual injection takes only a few minutes.

WHAT IS ACTUALLY INJECTED?

The injection consists of a mixture of either a local anesthetic (like lidocaine or bupivacaine) and the steroid medication (triamcinolone-Aristocort,methylprednisolone-Depo-medrol) or saline solution (salt water). Local anesthetics are usually used only when the doctor is targeting one nerve root, we call this a "selective nerve root block".

WILL THE INJECTION(S) HURT?

The procedure involves inserting a needle through skin and deeper tissues (like a "tetanus shot"). There is some discomfort involved. We use a very thin needle, just like the one used for injecting local anesthetic.

WILL I BE "PUT OUT" FOR THIS PROCEDURE?

No. This procedure is done under local anesthesia.

HOW IS THE INJECTION PERFORMED?

It is done with the patient sitting up or lying on the side. The skin of the back is cleaned with antiseptic solution and then the injection is carried out. After the injection, you may be returned to a sitting position, placed on your back or your side.

WHAT SHOULD I EXPECT AFTER THE INJECTION?

In the first two days, you may have a "sore back". This is due to the mechanical process of needle insertion as well as initial irritation from the steroid itself. You should start noticing pain relief from the steroid, starting the **2nd day or so because it is slow acting.**

WHAT SHOULD I DO AFTER THE PROCEDURE?

You should have a ride home. We advise the patient to take it easy for a day or so after the procedure. Perform the activities as tolerated by you.

CAN I GO TO WORK THE NEXT DAY?

Unless there are complications you should be able to return to work the next day. The most common thing you may feel is a sore back.

HOW LONG WILL THE EFFECTS OF THE MEDICATION LAST?

If the doctor used local anesthetic you may notice an immediate effect. This wears off in a few hours. The cortisone starts working in about two to three days and its pain relieving effects can last for several days, many months, or indefinitely.

HOW MANY INJECTIONS DO I NEED TO HAVE?

There are three possible responses to your first injection; complete relief, partial relief, or no pain relief. If the first injection does not relieve your symptoms in about a week or two weeks, you will not have the same injection repeated. If you get partial relief we usually recommend you have a second one and possibly even a third injection within 4-8 weeks of the first injection. If you get complete relief we want you to call in, if the relief wears off, we would offer you a repeat injection at that point. In the first six months we generally do not perform more than three injections. This is because the medication injected lasts for about six months. If three injections have not helped you much, it is very unlikely that you will get any further benefit from more injections. Also, giving more injections will increase the likelihood of side effects from the cortisone.

WILL THE EPIDURAL STEROID INJECTION HELP ME?

It is impossible to predict if the injection will indeed help you or not. Generally speaking, the patients who have "radicular symptoms" or "sciatica" (buttocks and leg pain, numbness, tingling) respond better to the injections than the patients who have only back pain. Similarly, the patients who have not had pain for very long may respond much better than the ones with pain for more than six months.

WHAT ARE THE RISKS AND SIDE EFFECTS?

Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects and the possibility of complications. The most common side effect is pain at the injection site and lower back, which is temporary. The other risks are very rare and include spinal puncture with headaches, infection, bleeding inside the epidural space with nerve damage, worsening symptoms etc. The other risks are related to the side effects of cortisone. These include temporary weight gain, temporary increase in blood sugar (mainly in diabetics) and

water retention.

WHO SHOULD NOT HAVE THIS INJECTION?

If you are allergic to any of the medications to be injected, if you are on a blood thinning medication (e.g. Coumadin, Heparin, Plavix), if you are or could be pregnant, or if you have an active infection going on, you should not have the injection.

WHAT SHOULD I DO WITH THE PAIN LOG I AM GIVEN?

If you are given a pain log and record, then you will be asked to rate your pain 3-4 days following the injection. Rate only your typical pain, do not include soreness from the injection!

