



EPIDURAL INJECTIONS

WHAT IS AN EPIDURAL INJECTION?

It is an injection into the space inside the bone of your spine, but outside the sac containing the spinal cord and fluid.

An epidural injection can be done in a number of ways, each with its own name – they are different ways of trying to achieve similar things: Caudal, Lumbar, Transforaminal Steroid injection, Epidural neuroplasty. Depending on your symptoms the epidural injections can be performed in the cervical, thoracic, lumbar or sacral spine.

More information is available at <https://www.fpmx.com.au/solutions.html#treatment-procedures>

WHY DO AN EPIDURAL INJECTION?

To relieve acute pain (such as post surgery or during labour) or persistent (chronic) pain.

In the case of persistent pain, nerves in the epidural space become inflamed when they are irritated by adhesions, bone spurs, are pinched by a disc or the space becomes too narrow. This can be caused by injury or the arthritis associated with aging. The inflammation causes pain, numbness or tingling. The epidural injection stretches scar tissue, the local and steroid reduces inflammation, breaks the pain cycle and reduces muscle spasms.

WILL I BE “PUT OUT” FOR THIS PROCEDURE?

You will be awake. The procedure takes 20-40 minutes. You may be sitting up, lying on your side or stomach. Your back will be washed with antiseptic and your skin will be numbed.

WILL IT HURT?

You will feel a pinch and some burning, you will feel pressure from the needle and you may feel pressure and transient pain during the epidural injection or if a nerve is touched. Your doctor will inject more numbing medicine or move the needle if you feel pain.

WHAT EFFECTS WILL I NOTICE IF EVERYTHING IS NORMAL?

Usually the first thing you will notice is that the pain you have had goes away. It is possible you will have some weakness/numbness in your legs/arms for a few hours. You may be sore/achy once the numbing medicine wears off until the steroid starts working. Your pain should improve in 1-4 days.

WILL THIS PROCEDURE HELP ME?

This procedure works better for people with radiating pain (like sciatica) than for people who only have back pain. Recent pain responds better than pain you have had for a long time. 40-60% of patients presenting with arm or leg pain coming from their spine pain can expect improvement.



HOW MANY INJECTIONS DO I NEED TO HAVE?

This will depend on your response. You may need 2-3 injections 2-4 weeks apart, your pain should improve with each injection. The treatment will not work for you if there is no improvement with 2 injections. If you get 2+ months pain relief and use this to improve your exercise and mobility, you can have 3-4 injections per year or more if steroids are not used with each injection.

WHAT COULD GO WRONG?

Side effects from the procedure may include injection site tenderness, dizziness if the medicine is injected into a blood vessel, a puncture of the sac containing spinal causing a nasty postural headache. There is a small chance of puncturing the lung during thoracic epidural injections. Very rare problems include infection, bleeding, nerve damage or paralysis and need for urgent surgery. Side effects from the injected steroid may include weight gain, increased blood sugar, fluid retention and immune suppression.

WHAT SHOULD I WORRY ABOUT?

If you get a postural headache (ie a headache when standing up, but not lying down) in the next few days call your doctor. It is possible, especially if you are an older man, that you may find it hard to pass urine for a few hours. This should settle as the effects of the anaesthetic drugs wear off.

If you get increasing back pain when you go home, especially if your bladder, bowels or legs stop working normally, you should attend your nearest emergency department quickly, as this may be a sign of developing damage to your spine.

WHAT DO I DO NEXT?

*The epidural is aimed at reducing your pain, to allow dural stretching (neural flossing) and a graded exercise program (eg 10,000 step walking program). **The epidural alone is not much use and you need to work hard** at improving your exercise level and mobility for any benefits to be gained.*

IMPORTANT NOTES:

You must not eat/drink for 4 hours before the procedure. Expect to spend 4-6 hours in hospital

Please take your normal medicines with a sip of water except blood thinners (aspirin is OK), insulin and diabetic tablets.