

Caudal Epidural Injection

An information guide



Caudal Epidural Injection

If you are on blood thinning medications such as Warfarin, Nicoumalone (Sinthrome), Aspirin, Clopidogrel (Plavix), Ticlopidine (Ticlid) then please contact the Booking and Scheduling Department on 0161 778 2288.

What is a caudal epidural injection?

It is an injection of a steroid (anti-inflammatory medication) and possibly a local anaesthetic (medication to temporarily numb the nerves) into the epidural space at the bottom of the spine.

The epidural space is located around the outer covering of the spinal cord. It runs from the base of the skull to the bottom of the spine, along the entire length of the spinal canal. Nerve fibres which carry pain signals to the spinal cord and the brain pass through this space.

The local anaesthetic acts on the nerves and temporarily blocks their function. The steroid decreases inflammation and improves the chances of longer term relief from the injection. The anti-inflammatory steroids should not be confused with anabolic steroids used by athletes for building up body mass.

Unfortunately, no company actually produces a steroid specifically licensed for the epidural space. However using standard steroid preparations, epidural injections have been used since the early 1970s and are considered to be very safe by the national and international pain organisations.

Why is the injection given?

The injection is usually given for patients with buttock pain or tail end pain due to injury, inflammation of the nerves, or arthritis. The injection helps to reduce pain, improve mobility, facilitate physiotherapy and thus improve function.

By achieving a reduction in pain we hope that you will take the opportunity to regularly perform muscle strengthening exercises, which are the best way to improve function over the longer term.

How is the injection done?

You will be asked to come to the Day Surgery Unit.

The injection can be done with you lying on your side or on your front. A cannula (plastic tube) will be placed at the back of your hand. The procedure is done under local anaesthesia (medication to numb the skin).

In some circumstances sedation (medication to relax) and other medications such as pain killers can be given through the cannula. The caudal epidural injection site will be marked and a local anaesthetic injection is given to numb the skin. A needle is inserted at the bottom end of your back.

The doctor confirms the position of the needle either by feel or with the help of an x-ray machine. A mixture of steroid and possibly local anaesthetic medication is then injected into the caudal epidural space and the needle is then removed.

What are the beneficial effects?

The injection may help to relieve buttock/tail end pain. The pain relief may take days or weeks to take effect and may not be 100% complete.

Some patients may not get any relief at all. In some groups of patients the injection will help by reducing the number of painkillers that are required to control the pain and by improving their quality of life.

What are the side effects of the injection?

Typically there is some injection site pain after the procedure and you may initially experience some increase in your pain.

It is usually self limiting and easily controllable with painkillers. There may be some local bruising and tenderness on your skin. The local anaesthetic occasionally causes numbness in your buttocks and legs. The local anaesthetic can also temporarily numb the nerves that control your blood pressure.

The decrease in blood pressure can make you feel light headed and unsteady on your feet. This is easily remedied by lying down and only occasionally by using a drip or medication. Nerve damage and damage to surrounding tissues are other extremely rare side effects which may require special treatment.

Potential side effects with use of steroids

There are very few side effects associated with single or occasional use of steroid injections. Hot flushes, feeling sick or having mild abdominal pain are sometimes felt. Control of diabetes may be difficult and menstrual irregularities may occur. These settle in a few days.

Repeated and frequent use has the potential to lead to more serious side effects, but it must be kept in mind that the dose that is used in the injections is very small compared to those taking steroids by mouth on a daily basis, for conditions such as asthma or arthritis.

In those circumstances, side effects such as increase in appetite, weight gain, thinning of the bones (osteoporosis), thinning of the skin, eye problems (glaucoma, cataract), weakness, depression, rounded face, high blood pressure and water retention have been seen. Oral contraceptives pills may alter the level of steroids in the blood.

Advice/Precaution

- You may be required to stay in the hospital for sometime after the procedure
- If there is excessive or persistent numbness, you may be asked to stay in hospital overnight
- A follow-up appointment will be arranged, so that the doctor/nurse can review the effects of the block
- You should carry on with your normal activities, try to increase the exercises and aim to reduce your painkiller if the effect of the injection appears to have been successful
- If there are any concerns or queries please contact the pain clinic.

It is very important that you inform the doctor or secretary at the pain clinic at least one week before the injection if:

- You are allergic to any medications
- You have an infection near the injection site
- You have had a recent steroid/cortisone injection by another doctor/nurse or if you are on regular steroid joint injections
- You think you may be pregnant
- You are a diabetic on insulin. Your blood sugar may be difficult to control for a few days afterwards - tending to be high
- Caution should be exercised if you have had a recent heart attack or vaccination.

Contact Details:

Oldham

Day Surgery - 0161 627 8212

Pain Secretary - 0161 656 1211

Fairfield

Day Surgery - 0161 778 2503

Pain Secretary - 0161 778 3622

Rochdale

Day Surgery - 01706 517132/517133

Pain Secretary - 01706 517705

NMGH

Day Surgery - 0161 720 2240

Pain Secretary - 0161 720 2520

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

 www.facebook.com/NorthernCareAllianceNHSGroup

 www.linkedin.com/company/northern-care-alliance-nhs-group

 Northern Care Alliance NHS Group (NCA) @NCAlliance_NHS

Date of publication: April 2008

Date of review: March 2020

Date of next review: March 2022

Ref: PI_DS_441

© The Northern Care Alliance NHS Group

www.pat.nhs.uk

www.northerncarealliance.nhs.uk

