

Epidural Injection

An information guide



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 an epidural injection?

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

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 carrying 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 which athletes use for building 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 back/leg pain or neck/arm, shoulder pain due to 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 back/leg or neck/arm strengthening exercises, which is the best way to improve the function of your back over the longer term.

How is this done?

You will be asked to come to the Day Surgery Unit

The injection can be done with you sitting up or lying on your side. A cannula (plastic tube) will be placed at the back of your hand. The procedure is done under local anaesthetic (medication to numb the skin). In some circumstances sedation (medication to relax) and other medication such as pain killers can be given through the cannula.

The epidural injection site will be marked and a local anaesthetic injection will be given to numb the skin. A needle is then inserted in your back. The doctor confirms the position of the needle either by feel or with the help of an xray machine.

A mixture of steroid and possibly local anaesthetic medication is then injected into the epidural space and the needle is removed.

What are the beneficial effects?

The injection may help to relieve back/leg and neck/arm 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 thereby improving the quality of life.

What are the side effects of the injection?

Typically there is some pain at the injection site after the procedure, and you may initially experience some increase in your pain. This 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 rarely by using a drip or medication.

Occasionally there might be a rather severe headache, usually at the back of the head becoming worse in movement. It is called a post-dural headache, caused by a small leak of fluid from one of the linings of the spinal canal. The headache usually settles down with bed rest, regular painkillers and drinking plenty of fluids. If the headache persists please contact the pain clinic and the doctor will discuss other treatment options.

Infection, bleeding, excessive spread of the numbness and nerve damage are other extremely rare side effects which may require special treatment.

Potential side effects with the 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 injection is very small compared to those people who take 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 contraceptive pills may alter the level of steroids in the blood.

Advice/precautions

- You will be required to stay in hospital for sometime after the procedure
- If there is excessive or persisting numbness, you may be required to stay in hospital overnight
- A follow up appointment will be arranged so that the doctor or 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 painkillers 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 in the pain clinic at least one week before the injection if:

- You are allergic to any medications
- You have had an infection near to the injection site you have had a recent steroid/cortisone injection by another doctor or nurse or if you are on regular steroid 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, 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

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

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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

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