

## **RARE POST-PROCEDURAL SYMPTOMS:**

You should be alert to report any signs of infection. Symptoms to be aware of include: redness and / or warmth about the needle puncture site, increased pain other than expected from the procedure, swelling, drainage, chills, night sweats, or fever above 100 degrees F. Should you develop a headache, stay quiet with your head and body flat, drink plenty of fluids and take aspirin or non-aspirin medication. If your headache persists beyond 12 hours or is noticeably increased by standing upright, it may be an indication of a spinal fluid leak and our office should be notified. Usually, in this event, the symptoms are self-limiting and resolve in time without additional treatment.



Specializing in procedural, medical and rehab interventions for chronic pain

## **Epidural Cortisone Injections**



### **INTRODUCTION**

You are being referred for a procedure, a steroid epidural injection, by your primary treating physician. This is a procedure performed on patients who are having neck and/ or back pain, who have evidence of a bulging or ruptured intervertebral disc, or who have pain radiating into one or both limbs. This procedure is also often done on patients with previous surgery in which it is felt that some of the symptoms might be from scar tissue or inflammation of the covering of the spinal cord.

The reason this procedure is performed, is in the hope that the long lasting steroid agent will be of assistance in shrinking the bulging disc, in decreasing irritation of nerve roots from inflammation or pressure, or in decreasing irritation from fluid from the disc material.

## INSTRUCTIONS PRIOR TO APPOINTMENT

The entire process (from check in to discharge) takes approximately 2 hours.

Please be at the **Kelowna General Hospital** 30 minutes before your injection time. Register with Admissions and make your way to Ambulatory Care.

### Medications:

1. Pain pills, and especially heart/blood pressure/ diabetic medications should be taken the morning of the procedure.
2. Do not take any anti-inflammatory medications or aspirin for 3 days prior to your procedure.
3. You will be given specific instructions if you are on **Coumadin, Plavix, or other blood thinners.**
4. Insulin dependent diabetics scheduled for a morning procedure should not eat or drink after midnight and bring the insulin with them to the procedure.

If you are to have any sedation, it is necessary to have an adult stay with you and drive you home after the procedure.

If you have mitral valve prolapse or normally take antibiotics prior to procedures, please notify your physician.

## THE PROCEDURE ITSELF

The epidural procedure causes very little, if any, significant discomfort to patients. Physical exam or diagnostic tests (such as myelograms, CT scans, or MRI scans) have usually established the level of the abnormal intervertebral disc(s). The corresponding anatomical level of the disc is established by palpation and skin marking of bony anatomical structures felt through the skin in the back.

The neck or back is cleansed with Betadine or other antiseptic solution and draped in a sterile manner. Anesthesia of the skin is obtained by injecting a small amount of local anesthetic into the skin and underlying tissues to locate the epidural space. There should be little discomfort felt by the patient during the epidural. Should any pain be felt, more local anesthetic can be administered.

Following the administration of the local block, there is a sensation of pressure as the epidural needle goes through the skin in the underlying tissues to locate the epidural space. Once the needle is in the epidural space, contrast material is injected to verify placement (if done under Xray guidance), after which the steroid and local anesthetic is injected.

There may be a mild pressure sensation, but little discomfort is usually felt. Patients are then kept on their back or side for 5-10 minutes, after which they are allowed to dress and go home.

Occasionally, patients may experience some numbness or soreness after the procedure. This is short-lived and should be gone by the end of the day.

## AT HOME, AFTER YOUR EPIDURAL INJECTION:

**PAIN MEDICATION:** For minor discomfort, Aspirin, Tylenol or Extra Strength Tylenol, not in excess of two tablets four times per day, may be used. Medication prescribed by your physician may be taken as directed for discomfort not relieved by non-prescription medication.

**ACTIVITY / DIET:** You may be up and around as tolerated by your level of comfort; however, plan to take it easy the remainder of today. Intermittent use of an ice pack is acceptable. Do not use heat the day of the procedure. You may eat and drink as you desire.

Your activity level following your injection should be at the following levels:

**Day of Injection:** We recommend no new activities. You should rest the day of the procedure.

**Day 2:** 25% to 50% of your usual activity level.

**Day 3:** Up to 75% of your usual activity level.

**Day 4:** After Day 4, activity is unrestricted as tolerated.

**Medications:** Resume aspirin and other anticoagulants the first day after the injection.