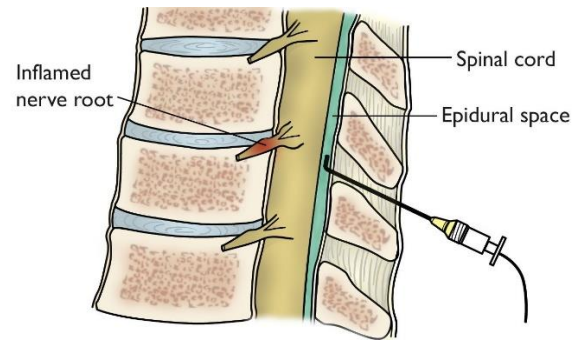


Epidural Steroid Injection



What is an epidural steroid injection?

An epidural steroid injection (ESI) places a small dose of anti-inflammatory medication (glucocorticoid) just superficial to the sac of spinal fluid (the dura) to relieve pain in your legs or lower back. An ESI can be both a treatment and a way to diagnose a specific nerve root problem. This is the same procedure done for women having pain in childbirth except steroid medication is given for long term relief in place of local anesthetic.

Before the procedure:

You will meet with a doctor who will review the risks and benefits of the procedure and answer any questions you may have. The procedure is commonly done and very safe. Aside from the minor discomfort of having an injection there are potential side effects of an ESI including, but not limited to:

1. The needle can enter the spinal fluid (a spinal tap). This can cause a significant headache. This is relatively uncommon (approximately 1 in 200). Often a second procedure to patch the spinal tap is required.
2. Touching a nerve with the needle. This can give an electric type sensation down the leg. This is not common and almost always a temporary event. Prolonged and even permanent issues have been reported but are extremely rare.
3. Deep bleeding or infection around the spinal cord can occur extremely rarely (1 in 20,000 or less) but can be serious even resulting in permanent disability.
4. Extremely rare, individual cases of an inflammatory reaction in the spinal cord itself (transverse myelitis) have been reported. This can cause significant long term nerve issues.

Bleeding:

An ESI cannot be performed if you have bleeding disorders or if you are taking major blood thinners including:

1. Antiplatelet medications like Plavix[®]/clopidogrel, Aggrenox[®]/dipyridamole or Brilinta[®]/ticagrelor.
2. Oral anticoagulants like Warfarin, Pradaxa[®]/dabigatran, Xarelto[®]/rivaroxaban or Eliquis[®]/apixaban
3. Injectable heparin or low MW heparins like Lovenox[®]/enoxaparin, Fragmin[®]/dalteparin or nadroparin.

These medications will need to be stopped in discussion with both the pain doctor and the prescribing physician before the ESI. Aspirin and non-steroidal anti-inflammatory drugs (NSAID's) are SAFE to continue.

The day of the procedure:

You will be fully awake during the procedure which takes 10-15 minutes. ESI's are NOT painful to perform. Your skin will be cleaned with antiseptic and a small amount of local anesthetic will be placed under the skin. This feels like a small pinch. Once the skin is frozen most patients feel only a vague sensation of pressure. A Band-Aid will be applied and you can remove it once home. Do not be alarmed by a coin sized dot of blood on the Band-Aid.

Following the procedure:

No local anesthetic is placed into the epidural space so there will not be any leg numbness or weakness. That also means there will be no immediate pain relief. The steroid medication takes up to 2 days to become effective. Avoid strenuous activity for 24 hours after the procedure. Otherwise, you can carry on with your day as usual. Showering is fine but avoid baths/hot tubs for 24 hours. Driving is fine so long as you feel perfectly as usual: that means the way you walked out of the office is the same as the way you walked in.

If you develop increasing severe back pain, numbness, weakness, loss of bladder/bowel control or fever over 38°C after the procedure you require urgent medical assessment. Either call our clinic during office hours or go to your closest hospital emergency room and inform them you had this procedure.