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EPIDURAL STEROID INJECTION

Patient education and discharge instructions

WHAT IS AN EPIDURAL STEROID INJECTION?

Many spine conditions, including disc herniations, spinal stenosis (narrowing of the spinal canal), and arthritis of the spine, cause inflammation around the nerves. This inflammation can cause pain in the back or neck that may travel into the arm or leg. An epidural steroid injection places an anti-inflammatory steroid medication, usually with a local anesthetic, into the epidural space that surrounds the spinal nerves.

The injection is performed under x-ray guidance. A small amount of contrast dye is used to confirm that the needle is in the correct position before the medication is injected. Depending on your condition, your physician may use an interlaminar approach (between the bones of the spine), a transforaminal approach (at the opening where a nerve exits the spine), or a caudal approach (through the tailbone area).

An epidural steroid injection does not cure spinal stenosis and does not shrink a disc herniation. Its purpose is to reduce inflammation and pain so that you can function better and participate in physical therapy and exercise while your body heals. Relief typically lasts from several weeks to several months and can last longer. Because spinal stenosis does not improve on its own over time, patients with stenosis may need repeat injections.

DOES IT HURT?

Most patients describe the injection as brief pressure and mild discomfort. The skin is numbed first. Sedation is usually not needed.

BEFORE YOUR PROCEDURE

- Read the handout **Preparing for Your Procedure**. It explains sedation, fasting, driver, and blood thinner instructions.
- **Sedation:** if you are having oral sedation, you must bring an adult driver with you. If you are having IV sedation, your driver must stay during the procedure and you must follow the fasting rules.
- **Blood thinners:** some procedures require blood thinners to be stopped and some do not. Never stop a blood thinner unless we have told you to and the prescribing doctor has approved it.
- Tell us if you are pregnant or could be pregnant, have an allergy to x-ray contrast dye or numbing medicine, or have a fever or infection.

RISKS

Epidural steroid injections are generally safe. As with any procedure that uses a needle near the spine, there are risks, including bleeding, infection, nerve injury, a spinal fluid leak that causes a headache, allergic

reaction, and failure to relieve pain. Serious complications, such as an abscess, blood clot, spinal cord injury, or paralysis, are rare. Your physician will discuss your specific risks with you before the procedure.

AFTER THE INJECTION

- **Activity:** rest for the remainder of the day. You may return to normal activity the next day.
- **Driving:** do not drive for 12 hours after the injection. If you received sedation, do not drive, drink alcohol, or sign important documents for 24 hours.
- **Numbness:** the skin over your back or neck may be numb for several hours. You may also have temporary numbness or heaviness in an arm, leg, hand, or foot. Be very careful when walking or standing until it wears off, because numbness increases your risk of falling.
- **Bandage:** you may remove the bandage the next day. You may shower, but do not soak in a tub, pool, or hot tub for 24 hours.
- **Soreness:** apply ice or a cold pack wrapped in a thin towel for 15 to 20 minutes, 2 to 3 times a day, for the next 3 days. Never place ice directly on the skin.
- **Diet and medications:** resume your normal diet and your regular medications. If you stopped a blood thinner, restart it the day after the procedure unless you were told otherwise.

WHEN WILL I FEEL BETTER?

The local anesthetic may give relief for up to 12 hours. The steroid usually begins working within 2 to 7 days but can take up to 2 weeks. Your pain may briefly increase for a day or two before it improves. Keep track of your pain and report your relief as instructed; your insurance plan may require this information before approving a repeat injection.

POSSIBLE STEROID SIDE EFFECTS

These are common, temporary, and usually last several days to a week:

- Facial or chest flushing, a feeling of warmth, or feeling unusually energetic for a day or two
- Increased appetite, fluid retention, difficulty sleeping, or changes in your menstrual cycle
- **Higher blood sugar.** If you are diabetic, check your blood sugar 3 to 4 times a day for the first week and contact your primary care physician or endocrinologist if it stays high.
- **Higher blood pressure.** If you have high blood pressure, check it more often for the first week and contact your primary care physician if it stays elevated.

WHEN TO CALL US

Call our office right away if you have:

- Redness, warmth, swelling, drainage, or increasing tenderness at the injection site
- A fever of 101°F or higher, or chills
- A severe headache that is worse when you sit or stand up and better when you lie down
- New or increasing numbness, tingling, or weakness in your arms or legs that does not go away within several hours
- Severe or rapidly worsening pain
- New, severe, generalized weakness during the first week after the injection

Call 911 or go to the nearest emergency room if you have:

- Weakness, paralysis, or inability to move your arms or legs
- Loss of control of your bladder or bowels
- Chest pain or difficulty breathing
- Signs of a severe allergic reaction, such as swelling of the face or throat, hives, or trouble breathing

Questions or Concerns

Call Coastal Spine & Pain at **(251) 291-2311**, Monday through Thursday, 8:00 a.m. to 4:30 p.m.

For a medical emergency, call 911 or go to the nearest emergency room.

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