

PLEASE READ CAREFULLY AND COMPLETELY FOR YOUR KNOWLEDGE AND SAFETY

Epidural Injections

What are epidural injections?

- Epidural injections provide pain relief by delivering medication to discs and nerves inside the spinal canal. The medication can enable patients to progress with their rehabilitation.
- Epidural injections are used for conditions such as sciatica, lumbar disc herniation, degenerative disc disease, and spinal stenosis.
- Steroid medication decreases inflammation and pain due to disc disease, nerve compression and other causes.
- Steroids are used sparingly to avoid adverse effects associated with long-term use.

The Procedure

- The procedure usually takes approximately fifteen minutes. Please set aside about 2 hours from registration until release from the surgicenter.
- Local anesthetic is used to diminish discomfort associated with the injection.
- Under fluoroscopy (X-ray) guidance, the physician directs a spinal needle to the epidural space.
- Contrast is used to confirm proper needle placement.
- Medication is then injected into the epidural space.
- It is common to feel pressure in the arm or leg during the procedure.
- Following the procedure, you may feel numbness for up to 6 hours due to the local anesthetic. If the low back is injected, there may be leg numbness; if the neck is injected, there may be arm numbness.
- The beneficial effects of the steroid medication usually begin in 2 to 3 days or may take as long as one week.

Potential Complications

- Minor side effects occur in approximately 1-5% of patients and can last several days. These can include heartburn, increased appetite, trouble sleeping, low grade fever, redness of the face, headache, and minor pain at the injection site.
- Rare but potentially serious complications can include spinal infections, spinal bleeding, and major blood vessel injury. Every precaution is taken against these occurrences.
- Nerve injury and paralysis are exceedingly rare.
- All known allergies must be discussed with the physician as allergic reactions to X-ray contrast dyes, local anesthetic or steroids can be a medical emergency.
- To alleviate risk of complication:
 - Sterile needles, medications and gloves are used for each injection
 - Patients taking blood thinning medications must stop taking these medications prior to the procedure.

OVER

Understanding Anatomy

Learn more about your back anatomy. That way, you can understand how an injection can help relieve or locate your pain.

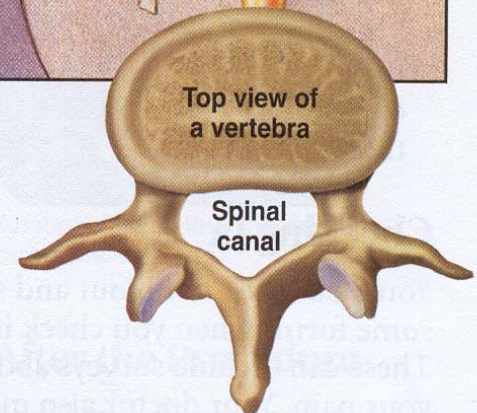
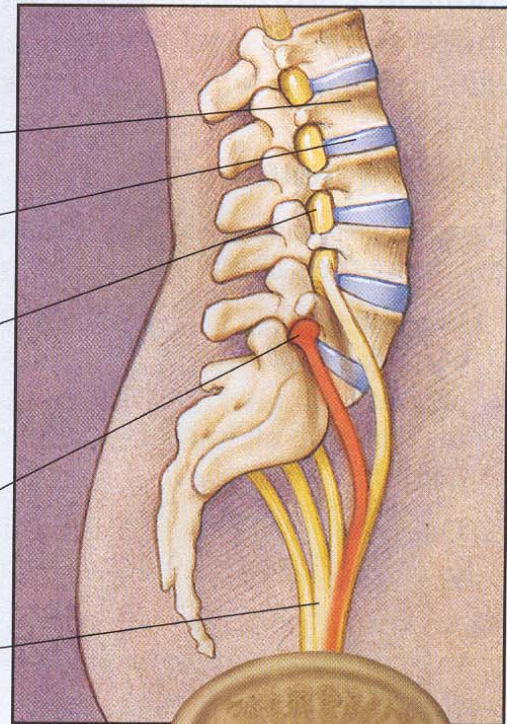
Vertebrae are the bones that stack up to form the spine.

Disks are “cushions” that provide padding between the vertebrae. A damaged disk can lead to inflammation and pain.

The spinal canal is a tunnel that’s formed within the stacked vertebrae. Nerves run through this canal. The nerves are wrapped by a thin layer of tissue.

A **nerve root** is the part of a nerve that leaves the spinal canal. Inflamed nerve roots can lead to back pain.

The sciatic nerve is a nerve that extends down to the leg. When its nerve roots are inflamed, buttock and leg pain often result.



Possible Injection Sites

Where the medicine is injected in your spine depends on the goal of the injection. For pain relief, the injection is done in the **epidural space**. This is the area that surrounds the nerves within the spinal canal. To locate the source of the pain, your doctor may target a specific **nerve root**. Medicine is then injected directly onto that nerve root.

