

## **INJECTION INFORMATION**

### **1. What is an epidural steroid injection?**

An epidural steroid injection is a simple procedure used to reduce neck and back pain as well as nerve pain extending down the arms or legs. This typically results from an inflammatory reaction secondary to a herniated disc or an arthritic disorder. A very fine needle is placed, under fluoroscopic x-ray guidance, using a local anesthesia, to deliver a dose of very potent anti-inflammatory medication (corticosteroid) directly into the area in the spine, which is inflamed and causing pain. This is accomplished with minimal discomfort to the patient and with rare complications. The steroids that are used for this procedure are not related to the type of steroids used for either performance enhancement or to build up musculature.

Epidural injections are frequently very helpful in providing either temporary or long-term relief of pain in patients who have a herniated disc, spinal stenosis, or arthritic disorder.

### **2. What is a facet block?**

The spinal column is composed of a series of vertebral bodies or blocks of bone stacked on top of each other similar to a series of building blocks. They are interconnected by a series of joints known as facets, which readily become arthritic as part of the natural aging process. It is arthritis of these facet joints that frequently results in mechanical low back pain and neck pain. This type of problem is frequently treated with various forms of facet blocks. This involves the injection of a potent anti-inflammatory medication (corticosteroids) into the region of the joint and the adjacent nerve providing relief of pain and improved function. The procedure is comfortably performed with local anesthesia and a fluoroscopic x-ray to confirm the proper area of treatment.

### **3. When is an epidural typically recommended?**

Epidural injections are used to help provide pain relief and to permit patients to progress with their rehabilitation. Individuals who have less pain and feel more comfortable are generally able to work on the active therapies – such as stretching, strengthening / pain relief exercises and low impact aerobic conditioning – that are critical in rehabilitating the lower back, or neck.

Several common conditions – including lumbar and cervical disc herniation, degenerative disc disease, lumbar and cervical spinal stenosis – can cause severe acute or chronic low back and neck pain as well as leg or arm pain. For these and other conditions that can cause chronic pain, an epidural steroid injection may be an effective non-surgical treatment option.

#### 4. What are the benefits?

The possible benefit of an epidural steroid injection includes a reduction in pain, primarily radiating in nature. Patients seem to have a better response when the injections are coupled with an organized therapeutic exercise program.

While the effects of an epidural injection tend to be temporary – providing relief from pain for one week up to one year – an epidural can be very beneficial for patients during an episode of severe back or neck pain. Importantly, it can result in sufficient pain relief to permit the patient to progress with their rehabilitation program.

#### 5. What are the risks?

As with all invasive medical procedures, there are potential risks associated with epidural steroid injections. Generally, however, there are few serious risks associated with epidural injections and these tend to be rare. Risks may include:

- *Infection.* Minor infections occur in approximately 1% of all injections. Severe infections are rare, occurring in about 1 out of 1,000 injections. This risk is minimized by undertaking the procedure with sterile techniques.
- *Bleeding.* Bleeding is a rare complication and is more common in a patient with an underlying bleeding disorder. This risk is limited by having the patient discontinue all medications that decrease your ability to clot.
- *Nerve damage.* While extremely rare, nerve damage can occur from direct trauma from the needle, or secondarily from infection or bleeding. This risk is limited by doing the procedure under fluoroscopic guidance, and having the patient full responsive.
- *Dural puncture (“wet tap”).* A dural puncture occurs in less than 17% of injections. This may result in a post-dural puncture headache (also call a spinal headache) that usually improves within a few days. Although rare, a blood patch may be necessary to alleviate the headache.
- *Paralysis* is not a risk if the injection is performed in the lower **lumbar** area. In the **cervical** area, there is an extremely small risk of nerve injury or paralysis.

## **6. What are the side effects?**

In addition to risks from the injection, there are also potential risks and side effects from the steroid medication. The side effects from an epidural steroid injection tend to be rare. Side effects from steroids are more common when taken daily for several months. Possible risks and side effects may include:

- A transient elevated blood sugar (for diabetics)
- Transient flushing
- Transient hyperactivity
- Transient effect of menstrual cycle
- A transient decrease in immunity

## **7. Will I receive more than one epidural steroid injection?**

One epidural steroid injection may provide long-lasting pain relief. It may take up to 6-10 days before a response is noted. If you experience complete pain relief after one injection then you will not require an additional injection. Pain relief may last for many months or years. If you note partial relief with the first injection, then you will most likely require a second injection. If you do not respond to the first injection, then your physician will re-evaluate your case prior to administering the second injection.

## **8. How many injections can I receive?**

During a 6 month period, we generally do not perform more than three injections. After receiving, you have not noted much improvement, then it is not likely that additional injections would be beneficial.