

Epidural Injections

Intended Benefits

Epidural injections are done to relieve back or neck pain, or pain in the leg or arm caused by nerve irritation in the back. The epidural space runs along the length of your spine. It contains the nerves that connect your spine to your upper and lower body. The caudal canal is just above your tail bone.

During the procedure, a mixture of slow-release steroid and local anaesthetic, or just local anaesthetic, is injected around the area where your pain is. It can relieve pain for several weeks, possibly for three months or longer. It may relieve pain in your leg or arm for longer than pain in your back or neck.

Steroids are used worldwide in pain relieving injections but have never been licensed by their manufacturers for this purpose. It is not known exactly how the steroid produces pain relief, but we assume that it reduces inflammation around the nerves and that this reduces pressure and pain. If you suffer from diabetes the use of steroids in pain injections may cause your blood sugars to change. Please discuss any questions you have about steroid use with your pain doctor.

Risks of this treatment

Immediately after the injection, your legs may feel tingly and heavy. This is because the local anaesthetic partially blocks the nerve to your legs. It will wear off after a few hours. It is important not to get out of bed until your legs feel completely normal. Your blood pressure may drop a little. This is likely to return to normal soon after the procedure. If it does not, we can give you a drip and medication to raise your blood pressure to normal. Occasionally, it may be difficult to pass urine for a few hours after the procedure. This will return to normal without any treatment. You should make sure you pass urine before you leave hospital.

As with any injection, there is a very small chance of getting an infection where the needle is placed. Every effort is made to avoid this with use of skin-cleaning solution, sterile gloves and equipment.

Very occasionally, some people get a severe headache after an epidural. If this should happen, let the staff in recovery or day surgery know. If you get a bad headache when you have gone home, tell your GP (family doctor) or contact the Pain Team. Very rare complications include fits, nerve damage and epidural haematoma (blood clot).

Whilst the risks of bleeding and or infection are very very small, the consequences of this happening are very serious indeed and may affect sexual, bladder and bowel function.

The procedure is made as safe as possible by being performed by an experienced pain doctor. They may use x-rays to show exactly where they are putting the epidural needle and will constantly monitor you throughout the procedure. You may discuss the risks further with your pain doctor.

Pre-operative assessment & care

If you become pregnant, have any major illnesses/hospital admissions or start taking anti-coagulant drugs (for example warfarin or clopidogrel) discuss this with the pain doctor before the procedure. If you have diabetes, you may need to make some changes to your diabetes medicine or diet on the day of the procedure. You should discuss this with your pain doctor before your procedure.

On the day of the procedure:

- Follow the instructions given to you by the Day Surgical Unit staff about when last to eat or drink.
- Take all your usual medication including your painkillers



- Bring all your usual medication, or a list of what you are taking with you.
- Make sure that someone will collect you, take you home, and is available to stay with you overnight.

During the procedure

At the Day Surgical Unit your pain doctor will see you and explain the procedure fully. Before the procedure starts a small cannula (tube) may be placed in a vein in the back of your hand through which we may give you medicines and fluids if that becomes necessary. You may be given medication (sedation) to make you feel sleepy during the injection. An oxygen mask may be placed over your face. A needle is then placed in the epidural space. A mixture of slow-release steroid and local anaesthetic, or just local anaesthetic, is injected into the epidural space. This procedure takes about 15-20 minutes.

After the procedure your blood pressure, pulse and respiration rate may be checked.

After the procedure – what to expect

Commonly you may feel an increase in the pain coming from your back/neck for several days. The epidural injection may take 10 days or more to relieve your pain. For some people, the injection may not work at all. You may feel weak or tired for a little while after the injection so we advise that you rest for 24 hours. During this time you should not: drive a car or operate equipment, sign any legal documents or drink alcohol. You should continue taking your usual medication and the next day you may take a bath or shower and remove any plasters.

Please contact your GP (family doctor) if you have any symptoms causing you concern and if:

- There is unusual redness or swelling at the injection site
- Your temperature is 38° C (100.4 F) or greater

After discharge home

To get the best out of your epidural injection you should:

- Continue with your usual medication

Generally keep active, but within your pain limits

Re-introduce previously painful activities gradually over the next few weeks

Maintain any exercise routine you may have been given by your physiotherapist

Please visit our website, www.thepainteam.com for more information and to contact us