

Epidural Steroid Injections

Patient Information

1. Why am I having the procedure?

Your doctor has recommended an epidural steroid injection as part of the conservative management of your sciatic pain.

Although there is still some controversy over the place of epidural steroid injection in the management of chronic back pain, there is a considerable body of evidence to suggest that it can improve the pain in 40% to 60% cases of acute sciatica.

The most common cause of acute sciatic pain is an inflammatory response to nerve root irritation. This irritation is most commonly caused by either a prolapsed disc or by trapping of the nerve as it passes through one of the bony canals in the spinal column on its way to the lower limb. Steroids are anti-inflammatory medications. It is thought that they act to decrease this inflammatory response, thus decreasing the pain.

2. How do I prepare for the procedure?

If you are on Warfarin or Clopidogrel you will need to see your local doctor to arrange for you to stop these blood thinning medications, your Doctor will need to arrange other medications during the time and for you to have a blood test the day before your procedure to ensure that your blood clotting times are normal.

On the day of the procedure, you will need to bring the results of the blood test with you, unless the test was done at Southern Health.

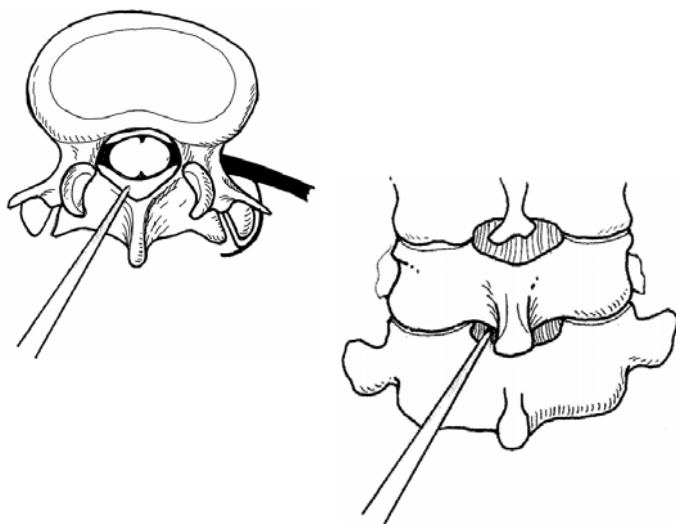
You will need to fast for two (2) hours before your procedure.

You also need to bring all the medications that you normally take and any x-rays that you have, and your Medicare card.

You must also make arrangements for someone to take you home because it may be unsafe to drive home after the procedure.

3. What does the procedure involve?

The technique involves inserting a needle into the epidural space. This space lies within the bony ring of the spinal column, just outside the fluid-filled sac that surrounds the spinal cord. The nerves that supply power and sensation, to the lower limb, pass through the fluid-filled sac, across the epidural space and then exit the spinal column via bony canals.



When the needle has been inserted into the epidural space, a solution is injected, containing the steroid medication with either or both saline and a local anaesthetic. The procedure is brief and not usually uncomfortable.

4. What happens after the procedure?

There is a period of observation of approximately 30 minutes to 1 hour after the procedure, after which, you can usually go home.

5. What are the risks of the procedure?

Common:

- *Backache.* This is usually mild and transient, occurring in 1 in 20 cases. A small number of patients may also have a component of muscle spasm, in addition to their nerve root pain, which can be worsened by the passage of the needle through the muscle.
- *Increase in sciatic pain.* Similarly, this is usually mild and transient, occurring in only a small number of cases. It is thought to be a "pressure effect" from injecting a volume of solution into a small epidural space.
- *Headache.* In 1 in every 50 patients, the fluid-filled sac that surrounds the spinal cord is punctured. This may cause a leakage of spinal fluid that results in headache with changes in posture. This usually resolves within a few days. However, in 1 in 250 patients, the punctured sac may not heal, and require further treatment. If you experience these symptoms, you should see your doctor.

Rare:

- *Nerve injury.* At the level that the needle is inserted, there is no risk of direct injury to the spinal cord. However, a number of nerves pass through the epidural space. In 1 in 20,000 patients, the needle can cause transient or permanent damage to one of these nerves. Injection into spinal veins may also lead to transient or complete paralysis (very rare: <0.1%).
- *Bleeding.* Veins in the epidural space could be damaged by the needle, causing a collection of blood to form in the epidural space. This collection could cause pressure on nerves, requiring an operation. The risk is 1 in 50,000 cases.
- *Infection.* The needle can introduce organisms that can lead to infection. The risk is 1 in 50,000 cases.
- *Allergic reactions.* In 1 in 10,000 cases, there can be allergic reactions to contrast material and medications.

"Respect, communication, involvement"

The staff of Diagnostic Imaging want to make sure that you have understood the information that we have provided personally, as well as the information contained in the information sheet. We believe your understanding about why and how we are planning to assist you is very important.