



# Epidural Steroid Injection for Chronic Pain

VIHA Pain Program – RJH Site

This handout will help you learn more about your epidural steroid injection: what to expect, how to get ready, and what to watch for when you get home.

<b>When and where will the block be done?</b>	<b>VIHA Pain Program – RJH Site</b>
<b>Date of procedure:</b> _____	Homer 2, Memorial Pavilion
<b>Time of procedure:</b> _____	Royal Jubilee Hospital
<b>PLEASE ARRIVE 30 MINUTES BEFORE PROCEDURE</b>	1952 Bay Street
	<b>Tel:</b> 250.519.1836
	<b>Fax:</b> 250.519.1837
VIHA Pain Program Web site: <a href="http://www.viha.ca/pain_program">www.viha.ca/pain_program</a>	

If you need to cancel, please contact the Pain Program at least 48 hours before your procedure.

## What is an epidural steroid injection?

An epidural injection is an injection of a steroid medication into the epidural space. The epidural space is located around the spinal cord in your back. This is where the nerve roots lie.

The injection bathes the inflamed nerve root in steroids. Steroids are potent anti-inflammatory medication and can reduce the pain, tingling, and numbness caused by inflamed nerves.

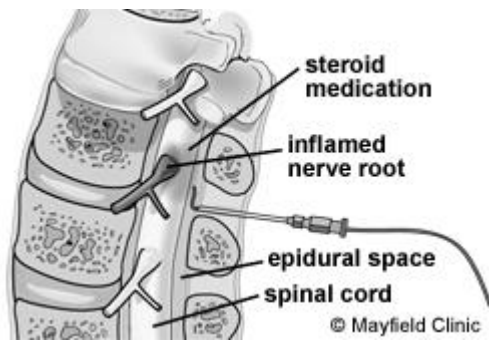
## Who will do the injection?

The Pain Program doctor will explain the procedure to you and do the injection. The injection may take only a few minutes. Sometimes a live X-ray called Fluoroscopy is used to guide the needle in place. If this applies to you, the procedure may take about 15 minutes.

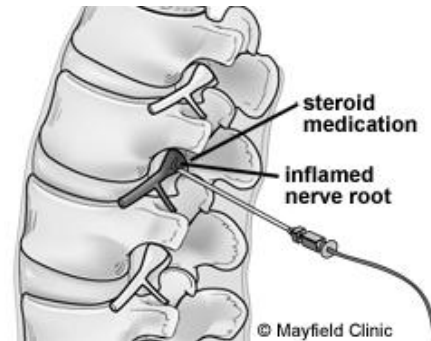
## Why is an epidural steroid injection done?

An epidural steroid injection is a common procedure used to treat irritation of the spinal cord and the nerves coming from it. There are different ways to give epidural steroid injections. The method depends on the location and source of your pain.

- **Translaminar:** The injection is done between the vertebrae in the middle of the back.
- **Transforaminal:** The injection is done through an opening called a “foramen” in the side of the vertebra.
- **Caudal:** The injection is done at the base of your spine near the tailbone.



**Translaminar Injection**



**Transforaminal injection**

## Are there any side effects or risks with this procedure?

Although an injection is generally safe, no procedure is risk free. Possible side effects and risks are:

- Temporary pain in the back. This is the most common side effect.
- Bruising at the injection site.
- Numbness or tingling, and weakness of the legs. This is a result of the local anesthetic, and may last 1-3 hours.
- Allergic reaction to the local anesthetic or contrast dye, or steroid medication.
- Pain symptoms do not change or get worse.
- Rare complications include: Headache from leakage of spinal fluid, block of or injury to the spinal nerves, puncture injuries (e.g. lung, pancreas, or bowel), impotence, partial paralysis of the stomach, puncture and bleeding from large blood vessels, severe bleeding or clotting of blood vessels near the injection site, and infection (very rare).
- Possible side effects **of the steroid** include: Increased blood pressure that last for 1-2 days and increased blood sugar that lasts for up to 2 weeks. Diabetics should monitor their blood sugars closely.
- Possible side effects from **long-term steroid use** include: osteoporosis, glaucoma, changes in sleep patterns and mood, skin changes, fluid retention and weight gain, heart disease, stomach ulcers, and diabetes. Due to these risks, the number of steroid injections done is usually limited.

## How do I get ready for the injection?

- Please review pamphlet: "Simple Steps for a Safe Outpatient Visit".
- Wear comfortable clothing that is easy to take off and put on. Wear low heeled, non-slip shoes.
- Avoid wearing scented products such as perfume or aftershave.
- Arrange for someone to bring you to the hospital and take you home (by car, taxi, or bus). Make sure this person can be contacted by phone at anytime during the day of your procedure. **You cannot drive yourself or go home alone in a taxi or bus.**

- Make sure you have access to a phone when you get home after the procedure. This is so you can contact the hospital in case you have a reaction to the procedure.
- Tell the Pain Program doctor and nurses if you have any allergies. Make sure to tell them if you have ever had a reaction to the dye used when begin X-rayed.
- **Bring a list of all your current medications with you.**

## Eating and drinking

- You may eat and drink but should restrict your intake to a light meal before your procedure.

## Stopping medications

- **Important!! Do not stop any medication without direction!**
- We need to know in advance if you are an insulin-dependent diabetic.
- **If you take an injectable blood thinner (e.g. low-molecular weight Heparin), tell your Pain Program doctor or clinic staff at least 7 days before your procedure.**
- If you take any of the following anticoagulants (blood thinners), you will be directed to stop them 7 days before your procedure:
  - clopidogrel (Plavix®)
  - dabigatran (Pradax®)
  - rivaroxaban (Xaralto®)
  - warfarin (Coumadin®)
  - apixban (Eliquis®)
- If you take warfarin, ask your family doctor to arrange for an INR blood test to be done the day before your procedure. If your procedure is scheduled on a Monday, the INR can be drawn on admission to hospital. If your INR is too high, your procedure will need to be rescheduled.
- Take all other regular medications with a sip of water on the morning of your block unless your Pain Program doctor has told you not to.

## How is the procedure done?

- You will have an intravenous (IV) placed in a vein in your hand or arm. In the procedure room, your vital signs will be monitored. The nurse will check your blood pressure and measure the oxygen in your blood using a clip on the outside of your finger. The nurse may also give you oxygen through your some tubing under your nose or through a mask.
- You will lie on your side or stomach, or may be sitting up. The area to be injected will be cleaned with an antiseptic solution.
- The doctor will numb the skin and deeper tissues using a very thin needle, before inserting the injection needles. You may feel strong pressure, but little pain, during the injection. The

injection is a steroid medication (e.g. Triamcinolone, Depo-medrol, or Betamethasone) mixed with a local anesthetic (e.g. Lidocaine or Bupivacaine).

- A dressing will be placed over the injection site. The nurse will continue to check your heart rate and blood pressure until you are ready to go home.

## Care at home

- **You must not drive the day of your procedure.** Arrange for any needed transportation.
- You may resume your regular activities.
- Take the dressing off when you get home.
- You may shower after your return home from the procedure. Do not take a tub bath or go to a pool or hot tub for 24 hours after your injection.
- If the injection site is painful, apply ice or a cold pack over the injection site. Put it on and off for about 15 minutes each time.
- You may want to take some pain medication before the local anesthetic wears off. Take a medication that you normally take for pain.
- The steroid is “long-acting” and peaks in 7-10 days. It can sometimes take as long as 14 days to notice improvement. The effect may last for weeks or even months. Then, it may have to be repeated.
- Keep a diary of your pain after the injection. This will help when discussing the results of your injection with your doctor.

## Call your family doctor or 911 if you have:

- Chills or fever of 38.3°C or greater
- Increase in pain or your legs are getting weak
- Redness or drainage at the injection site
- Any other unusual or new symptoms
- Headache that does not go away

**If your doctor or Pain Program staff is not available, go to the nearest Emergency Department.**

**The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or directions given to you by your doctor.**