

PATIENT EDUCATION

EPIDURAL STEROID INJECTIONS



FREQUENTLY ASKED QUESTIONS

WHAT IS AN EPIDURAL?

An epidural is a highly specialized injection of lidocaine (numbing medicine) and steroid into the epidural space of the spine. This is the space that is immediately outside the sac that holds the spinal cord and nerves. An x-ray (fluoroscopy) machine is used to help guide the needle into the correct space, at which time dye is injected to confirm placement. Subsequently the lidocaine and steroid mixture is injected. The usual target for most epidurals is an inflamed nerve coming out of the spine, which is the structure responsible for your pain. These epidurals are different than the ones that women get for labor.

BELOW IS A COLLECTION OF THE MOST COMMON QUESTIONS ABOUT EPIDURAL STEROID INJECTIONS. WE ENCOURAGE YOU TO READ THROUGH THE ANSWERS AND LET US KNOW IF YOU HAVE ANY FURTHER QUESTIONS.

1) WHY ARE EPIDURALS DONE?

Epidurals are performed to reduce inflammation & pain when other measures like rest, medications, and physical therapy have failed. The most common situation is when a nerve is being impinged (pinched) which can cause it to become inflamed. This inflammation causes pain (sciatica if the pain goes down the leg), so the goal of epidurals is to reduce inflammation and thus reduce pain. They also may aid in the healing of a disc herniation.

2) ARE EPIDURALS GUARANTEED TO REDUCE PAIN?

No, there is unfortunately no guarantee that pain will be reduced with epidurals. However, about 70% of patients (with acute pinched nerves/sciatica) receive at least 50% relief from epidurals (based on scientific data).

3) WHAT ARE THE SIDE EFFECTS TO THE STEROIDS USED IN EPIDURALS?

Generally epidurals are well-tolerated, however sometimes side effects are experienced which include but are not limited to: temporary insomnia, low grade fever, steroid flare (mild, temporary increase in pain), facial flushing, slight mood changes, and elevated blood sugars. These side effects are temporary. Diabetics should keep a close eye on their blood sugars after epidurals.

4) HOW MANY EPIDURALS CAN I HAVE?

Generally a patient may have up to three epidurals in a row, no earlier than one to two weeks. Epidurals may be repeated every 6 months if necessary should the pain recur.

5) DO I NEED SEDATION FOR AN EPIDURAL?

Sedation is optional and not required, although most of our patients choose to get light IV sedation with an anesthesia provider. In the even that you receive sedation, you will be given instructions to follow regarding driving, eating and drinking, and any other restrictions.

6) ARE EPIDURALS PAINFUL?

Most patients choose to get a light IV sedation with an anesthesia provider when we perform these injections. If don't without sedation, you will feel a "pinch and burn" when the local numbing medicine is injected. Beyond that, it is normal to feel pressure as the needle travels to the target. As the medicine is injected, it can sometimes increase the sciatica pain when it flows around an inflamed nerve root simply from the liquid medicine pushing on the nerve. This increase in pain is temporary. Usually patients only feel mild discomfort during these procedures.

7) WHAT ARE THE RISKS OF EPIDURALS?

Risks include but are not limited to bleeding, infection, nerve damage, paralysis, and reaction to the medications used. Catastrophic outcomes to epidurals are fortunately extremely rare. We need to report them as they are in the literature, but the risks are very rare.

8) WHAT IF I HAVE EPIDURALS & THEY DO NOT WORK?

Alternatives to epidurals are determined on a case by case basis. Sometimes, if a nerve is impinged and epidurals do not relieve the pain, a decompressive surgery (where a nerve goes from being impinged to non-impinged) may be an option. Such options must be discussed with your doctor.

9) WHEN CAN I HAVE AN EPIDURAL? WHY CAN'T I HAVE IT TODAY?

Epidurals are highly specialized procedures that require the use of an x-ray (fluoroscopy) machine, a physician trained to do these procedures, an x-ray technician, and a nurse. In many cases they require insurance authorization as well. Before an epidural, if you receive sedation, you cannot eat anything for six hours or drink anything for two hours. Because of these reasons, epidurals are done on certain days where several procedures are scheduled for optimum efficiency. A clinic visit is generally done prior to this to review imaging, discuss the epidural in depth, review risks and benefits, and give the patient a chance to ask any questions. This helps the procedure run smoothly.

10) WHY DO I NEED TO STOP MY BLOOD THINNER BEFORE AN EPIDURAL?

Because an epidural involves using a spinal needle, there is an inherent risk of bleeding. If there is significant bleeding in the epidural space this can cause paralysis. This risk increases when a patient is on a blood thinner. Therefore we ask patients to hold their blood thinners for a certain number of days (depending on which blood thinner it is) prior to the epidural. It is the patient's responsibility to obtain permission from the prescribing doctor (usually a cardiologist) to temporarily stop the blood thinner. We ask that this permission be written and faxed to our office, where it becomes part of your chart.

11) HOW LONG DOES IT TAKE FOR AN EPIDURAL TO TAKE EFFECT?

It can take up to 5-7 days for you to notice pain relief after the epidural is administered, however many patients report pain relief much sooner.

12) HOW LONG DO EPIDURALS LAST?

Unfortunately this cannot be predicted. Some patients get no relief from epidurals, whereas others get months or even years of relief from epidurals. Factors that influence this include but are not limited to the type and extent of pathology, duration of symptoms, past response to steroids, age and health status.

13) HOW LONG WILL IT TAKE TO DO THE EPIDURAL?

You will be at the ambulatory surgery center for about one hour to one and a half hours. This includes check-in, reviewing risks and signing a consent form, performing the epidural, and recovery. The actual epidural takes less than 5 minutes in most cases.

14) MY FIRST EPIDURAL PROVIDED SOME RELIEF, SHOULD I KEEP MY NEXT EPIDURAL APPOINTMENT?

If you are still having pain or functional limitation that is significant, an epidural can be repeated and may further reduce your pain. Remember that epidurals are not done to prevent pain, only to treat it so you should not do another injection if your pain is resolved.

15) WHAT SHOULD I DO AFTER THE EPIDURAL?

It is important to take it easy the day of the epidural. Light activities such as walking, shopping, and even working (if it is not too strenuous) are ok, if you did not receive sedation. Also it is ok to travel the day of the epidural including plane travel (however avoid driving for at least two hours after the epidural unless you received IV sedation in which case avoid driving until the next day). Avoid soaking or submerging the injection area for 24-48 hours – this includes baths, hot tubs, or pools. Regular showers are ok. The bandage placed at the injection site may be removed the same day of the epidural.

16) UNDER WHAT CIRCUMSTANCES SHOULD I CALL YOUR OFFICE?

Call our office immediately if you experience a severe headache, severe pain in the arm or leg, redness or drainage at the site of the injection, bowel/bladder dysfunction, fevers, chills, or weakness that does not go away after the anesthetic has worn off. These symptoms are very rare. If you feel you require immediate medical care, call 911.

17) UNDER WHAT CIRCUMSTANCES SHOULD I CANCEL MY EPIDURAL?

The most common reasons for canceling your epidural are if you forgot to stop your blood thinner or if you have an infection (such as a urinary tract infection) regardless of whether or not you are on antibiotics. An epidural can be performed when you have completely recovered from your infection and have had no symptoms (including fever) for 48 hours and your course of antibiotics is finished. Other than that, cancel your epidural if your pain has resolved (that way if your pain comes back in the future, you still have epidurals left to use).

18) WHY DO I NEED TO ARRIVE 60 MINUTES PRIOR TO MY SCHEDULED EPIDURAL?

Epidurals involve a thorough check-in process which includes verifying the exact procedure (including site and side) and reviewing the risks and benefits of the injection. We will also verify that you have a driver. Also, if optional IV sedation is desired, the nurse will need to place an IV prior to the procedure. Therefore to help ensure our procedures run as smoothly as possible, we ask patients to arrive 60 minutes prior to their scheduled epidural. If everyone does this, we sometimes are able to run ahead of schedule. However if you arrive late, you may be asked to reschedule. Please let us know at least 24 hours in advance if you need to reschedule or cancel your procedure.

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