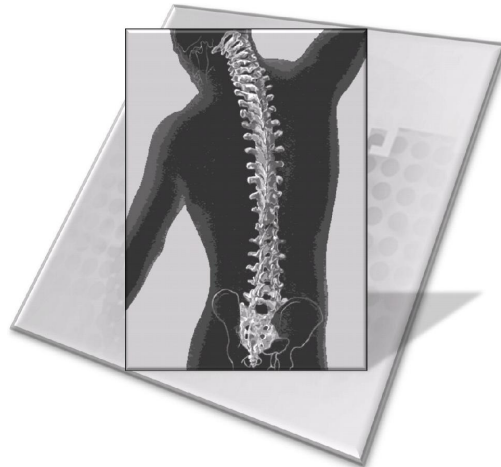
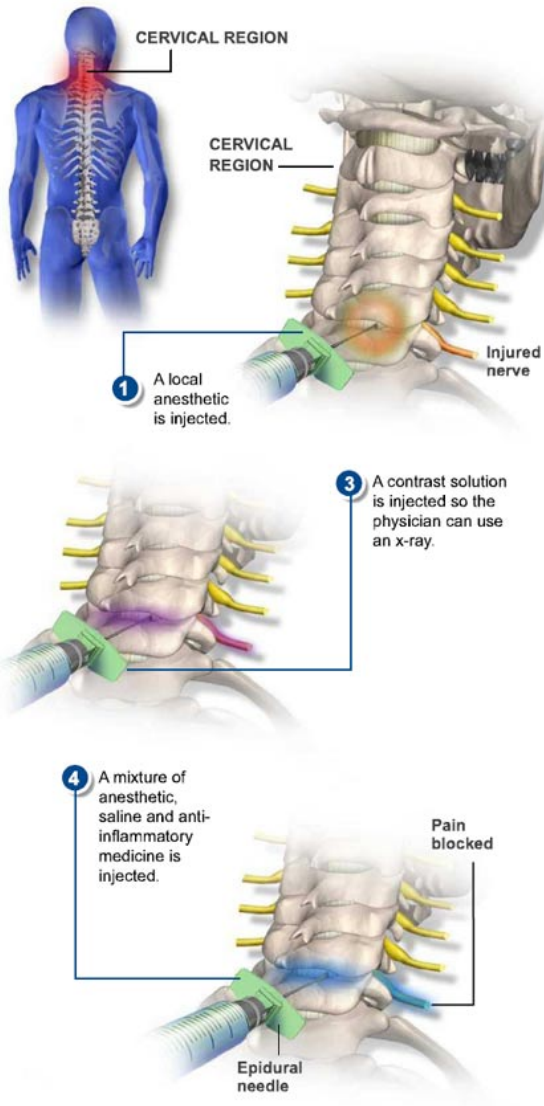


Cervical Epidural Steroid Injection



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For the Treatment of Neck and Arm Pain

A cervical epidural steroid injection is an outpatient procedure for treating neck, upper back, shoulder, and arm pain. This information sheet will explain

Northwest Spine and Pain Medicine

2607 S. Southeast Blvd Bdg A
Spokane WA 99223

And

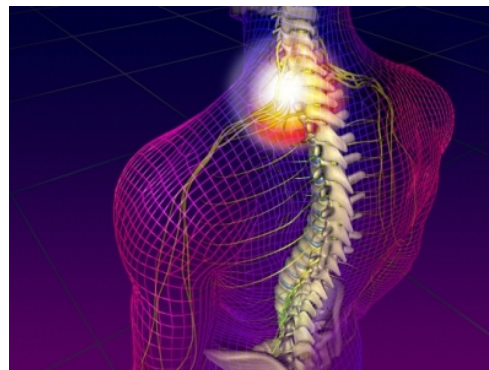
5901 N Lidgerwood
Suite 218
Spokane, WA 99208

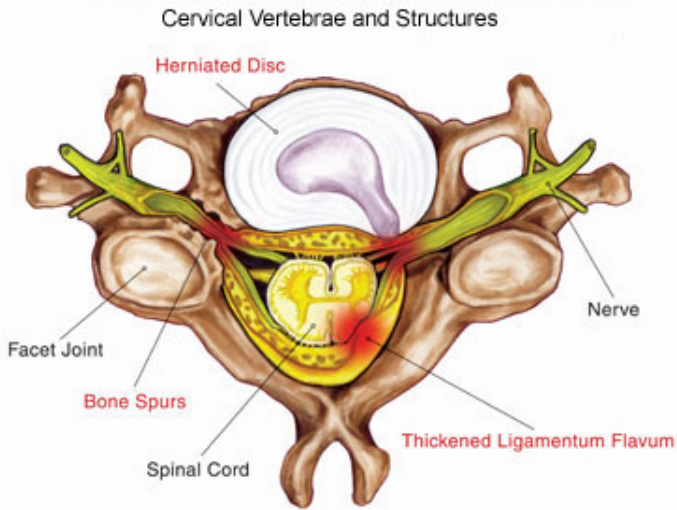
Ph. (509) 464-6208

Your injection has been scheduled for:

Date:

Time:





What is a cervical epidural steroid injection?

In a cervical epidural steroid injection, a corticosteroid (anti-inflammatory medicine) is injected into the epidural space to reduce inflammation. When it is done from the side where the nerve exists the spine, it is called a injection. It puts the medication near the source of inflammation.

What happens during an injection?

A local anesthetic will be used to numb your skin. The doctor will then insert a thin needle directly into the epidural space. Fluoroscopy, a type of x-ray, must be used to ensure the safe and proper position of the needle. A dye may also be injected to make sure the needle is at the correct spot. Once the doctor is sure the needle is correctly placed, the medicine will be injected.

What is the epidural space?

The dura is a protective covering of the spinal cord and its nerves. The space surrounding the dura is called the epidural space. In the neck it is called the cervical epidural space.

What causes pain in the epidural space?

The cervical area of the spine has seven bones, called vertebrae. Soft discs found between these vertebrae cushion them, hold them together, and control motion. If a disc tears, chemicals inside may leak out. This can inflame nerve roots or the dura, and cause pain. A large disc tear may cause a disc to bulge, inflaming nerve roots or the dura, and cause pain. Bone spurs, called osteophytes, can also press against nerve roots and cause pain.

What do I do to prepare for this procedure?

Five days before the procedure stop taking any NSAIDS or blood thinners. (Example, Aspirin, Ibuprofen, Aleve, Toradol, Naproxen, Diclofenac, Meloxicam) If blood thinners are taken for cardiac reasons such as Coumadin or Warfarin then please check with your prescriber to bridge off of the medication to achieve a goal of a INR draw of <1.5 the day of procedure. We ask that that you have no food or drink up to 2 hours before the procedure. If you have an active infection or are on antibiotics then please call and ask to discuss this information with the nurse.

What happens after an injection?

You will be monitored for up to 30 minutes after the injection. When you are ready to leave, the staff will give you discharge instructions. You will also be given a pain diary. It is important to fill this out because it helps your doctor know how the injection is working. It may help to move your neck in ways that hurt before the injection, to see if the pain is still there, but do not overdo it. Take it easy for the rest of the day. You may feel immediate pain relief and numbness in your neck and arm for a period of time after the injection. This may indicate the medication has reached the right spot. Your pain may return after this short pain-free period, or may even be a little worse for a day or two. It may be caused by needle irritation or by the corticosteroid itself. Corticosteroids usually take two or three days to start working, but can take as long as a week. You can usually return to work the day after the injection, but always check with your doctor.

How long can I expect pain relief?

The extent and duration of pain relief may depend on the amount of disc, dural or nerve root inflammation. Other coexisting factors may be responsible for your pain. Sometimes an injection brings several weeks to months of pain relief, and then further treatment is needed. Other times, a single injection brings long-term pain relief. If your pain is caused by injury to more than one area, only some of your symptoms will be helped by a single injection.