

## Lumbar Epidural Steroid Injection



## **Lumbar Epidural Steroid Injection**

**For the Treatment of Low Back and Leg pain**

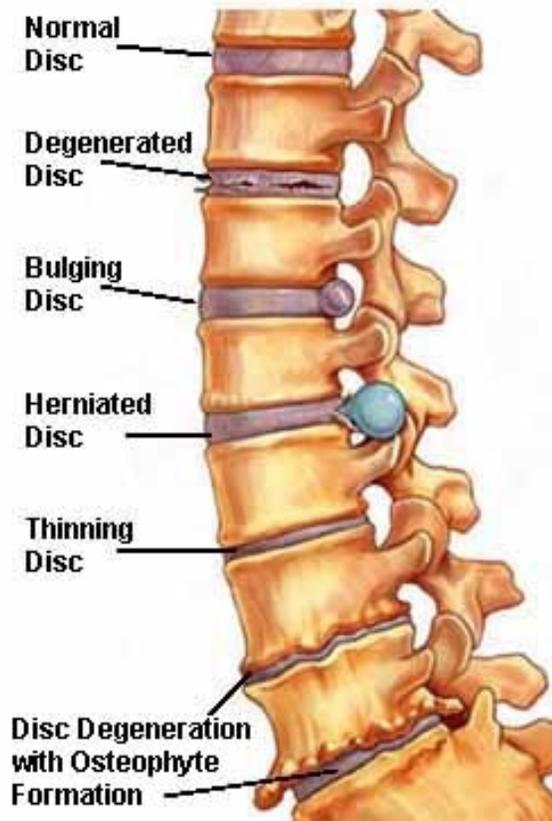
### **What is a lumbar epidural steroid injection?**

In a lumbar epidural injection, a corticosteroid (anti-inflammatory medicine) is injected into the epidural space of your low back to reduce inflammation. A local anesthetic (numbing medicine) may also be mixed with the steroid. When the injection is done from the side where the nerve exists the spine, it is called a transforaminal injection. If the injection is more centrally located then it is called Intralaminar. Both techniques put the medication near the source of inflammation.

### **What happens during an injection?**

A local anesthetic will be used to numb your skin, you may feel a sting and a burn but it will fade quickly. The doctor will then insert a thin needle directly into the epidural space, at this time you will feel some pressure. Fluoroscopy, a type of x-ray is 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.

### **Examples of Disc Problems**



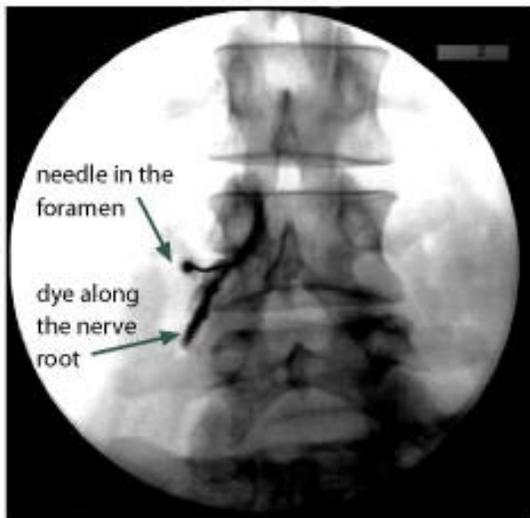
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### **What causes pain in the epidural space?**

The lumbar area of the spine has five 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.

### **Can I have sedation?**

Yes, we offer sedation, which will require an IV insertion by our RN. The amount of sedation given will just take the edge off of your anxiety and pain. You will not be put fully asleep. If you chose to have sedation, it is required by law that you bring a driver that stays in the office throughout the entire procedure.

### **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 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 in the recovery room. When you are stable to leave, the staff will give you discharge instructions. You will also be given a pain diary. It is important to fill this out and bring it to your next appointment because it helps your provider know how the injection is working.

It may help to move your back 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 and resume activity as tolerated the next day. You may feel immediate pain relief and numbness in your neck and arm for a few hours after the injection.

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. It is ok to resume your prescribed medication or over-the-counter pain relievers and ice. Corticosteroids usually take two or three days to start working, but can take as long as 2 weeks.

### **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.