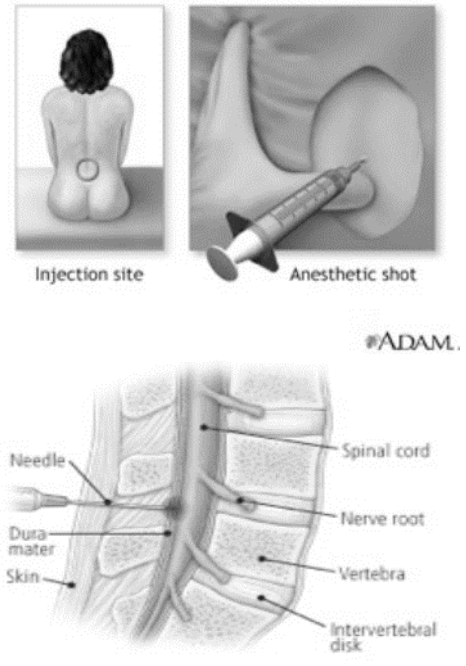


Epidural Injections

When and how the injections are done

- Epidural steroid injections are provided to patients who are experiencing arm or leg pain from a pinched nerve in the spine. They are not helpful for isolated neck or back pain.
- The procedure involves inserting a needle into the spinal canal to inject medication around nerve roots that may be pinched or compressed. This can be performed in the neck (cervical), upper back (thoracic), and lower back (lumbar).
- Local anesthesia is used to numb the skin before the injection. Once the needle is properly positioned, a solution of local anesthetic and/or steroid is injected to help diagnose a pain condition or to reduce any inflammation causing the pain.



Preparing for the procedure

- If you have diabetes, blood sugar sensors, transmitters, receivers or insulin pumps need to be removed if the injection is done using x ray guidance since they are not to be exposed to radiation.
- If you take any of the following anticoagulants (blood thinners), please stop them before the procedure according to the chart below.

Medication	Stop medication hours/days before procedure
Aspirin	3 days
Apixaban (Eliquis)	3 days
Clopidogrel (Plavix)	7 days
Rivaroxaban (Xarelto)	3 days
Dabigatran (Pradax)	5 days
Warfarin (Coumadin)	4-5 days
Dalteparin (Fragmin)	24 ours

IMPORTANT - You must consult with your family doctor before stopping your anticoagulant (blood thinner) for the procedure.

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After the block

- Pain relief obtained by the block should be used to try to become more active in physiotherapy or any other type of activity you do at home to improve your function. If the pain relief is significant, do not immediately participate in rigorous activities that your body is not used to doing. This will strain stiff muscles and ligaments and can result in further pain and injury. The best advice is to gently increase your activity level.
- If your pain relief is good enough that you feel you would like to reduce your pain medications, be careful not to quit them “cold turkey”. Speak with your family doctor about how to reduce doses gradually. Stopping some medications immediately without tapering can result in unpleasant or even dangerous withdrawal symptoms.

Possible side effects and risks

- There is a risk the procedure will not provide you with pain relief.
- There is also a risk that it may worsen your pain. This is unlikely to happen.
- If the needle goes too deep, a tissue layer may be punctured and this can cause a leak of spinal fluid. This has a quoted incidence of approximately 1/100. If this occurs, the steroid injection must be postponed. The puncture can result in a very painful headache for 20-50% of people. This headache typically resolves in 10 days for 90% of patients. The headache can be treated with a similar epidural injection using your own blood to patch the hole if required. This technique has a very high success rate of resolving the headache.
- Bleeding or infection in the epidural space are rare but serious complications, this complication can result in permanent nerve damage and can be considered a surgical emergency. Early signs and symptoms vary depending on the level of occurrence and the amount of bleeding. They include new-onset numbness, weakness, bowel and bladder dysfunction, and severe back pain. With infection, you may also experience fever, nausea, or headaches. If these occur, **you must immediately seek medical attention by notifying the pain clinic or seeking help from an emergency room since you may need an operation on your back.**
- If a steroid is injected, some patients may experience side effects such as transient flushing for several days, fluid retention, elevated blood pressure, mood swings, irritability, anxiety, or insomnia. In very rare circumstances, severe arthritis of the hips can occur, which may require a hip replacement. Prolonged steroid administration can result in decreased immunity, cataracts, and weakening of connective tissues.
- Suppression of the body's normal steroid hormone production is a rare complication. This can occur in 1/10,000 cases of steroid injections.
- Steroids can increase blood sugar levels. If you have diabetes and receive a steroid injection, you may have difficulty controlling blood sugar levels for 2-3 days. Blood sugar control should return to normal in 1 week.

Results expected

- If the epidural injection is helpful, you may notice pain relief in 1 to 3 days. The duration of pain relief may last upwards of 6 to 8 weeks.
- Injections for pain relief should be used to achieve goals of therapy that have been identified in discussion with the physicians, nurses, or allied health members of the pain clinic.
- Examples of goals may include increased participation in therapeutic exercises, weaning of opioid medications, or greater participation in activities such as the pain management groups.
- If the injection is effective, it may be repeated, but patients must take advantage of the effects and follow through on identified goals of therapy.