If you require a translation please contact:

Se avete bisogno di una traduzione si prega contattare:

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اگر آپ کو اس کے ترجمے کی ضرورت در پیش ہو تو آپ ہم سے رجوع فرمائیں۔

আপনার যদি এই পত্রের অনুবাদের দরকার হয়,
তাহলে দয়া করে যোগাযোগ করুন ঃ

**Patient Advice and Liaison Service (PALS)**
**01932 723553**


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Ashford and St. Peter's Hospitals NHS
NHS Trust

# LUMBAR AND CAUDAL EPIDURAL INJECTION

**Pain Management Services**

# PATIENT INFORMATION

## WHAT IF I HAVE FURTHER QUESTIONS?

**Before treatment** - you should ask your doctor before you sign the consent form.

**After treatment (on day ward)** - ask a member of staff, they will answer you or contact your doctor.

**After treatment (at home)** - the Pain Clinic runs a helpline answerphone service for non-emergency queries. Telephone **01932 723998** - calls will be returned on the following Monday or Thursday.

**Urgent calls** after Day Surgery should be directed to Accident and Emergency – telephone **01932 722231** or to your own doctor.

## FURTHER INFORMATION

The Pain Society provides a comprehensive web site that you may find useful at www.britishpainsociety.org


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## WHAT IS AN EPIDURAL INJECTION?

The spine is a column of bones arranged one on top of the other. The spinal cord and spinal nerves lie within the spine. The spinal cord is covered by a membrane called the dura.

Irritation of the spinal nerves may occur due to disc injury or wear and tear in the bony structure of the spine. This may produce shooting or aching pain in the neck, shoulders or arms.

The epidural injection is an injection between the bones of the spine, but still outside the dura, delivering medicine to the space around the spinal discs and nerves.

## WHAT IS THE AIM OF THE TREATMENT?

To inject local anaesthetic and steroid (an anti-inflammatory medication) around the spinal nerves to numb them and to reduce the pain.

Pain in the legs is most likely to improve; back pain is less likely to improve following an epidural injection. The steroid used may be Methylprednisolone or Triamincinolone. ***These are not licensed for epidural use but are used by doctors in the UK and around the world in this way.**

## HOW IS THE TREATMENT PERFORMED?

A cannula will be placed in a vein of your hand or arm to allow the doctor to give you fluids and sedatives as required. You will be asked to sit, or to lie on your front or your side. The position will depend on the usual practice of the doctor doing your procedure that day.

The skin will be washed with antiseptic solution to prevent infection. X-ray may be used to see the bones and joints and to help the doctor to position the needle. Local anaesthetic will be injected to numb the skin. The epidural needle is then placed in the epidural space. You will feel pushing in your neck while this is done. A dye, visible on X-ray, is then injected to observe where the medicine will spread. The local anaesthetic and steroid mix is then injected into the space.

You will have your blood pressure checked during the procedure and for approximately 20 minutes afterwards. You may be asked to lie on one side or the other for about 20 minutes to assist the spread of the medicine.

## WHAT IS THE POTENTIAL BENEFIT OF THIS TREATMENT?

Injections do not give permanent relief from all pain, but an epidural injection may produce reduction of leg pain and sensitivity for a variable length of time. This should allow improved ability to exercise, rehabilitate and maintain the benefit.

The benefit tends to be greater if the complaint is relatively new; where the pain has persisted longer the chance of benefit is reduced.

## WHAT ARE THE POTENTIAL RISKS?

Immediately after the treatment, you may have some temporary numbness or weakness in your legs - this will be very short-lived. You also experience a temporary increase in your leg pain during the injection. Rarely, you may become faint during the procedure, but you will be monitored all the time and treated at once, if you do feel unwell,

Rarely patients may have temporary difficulty in passing urine after an epidural injection.



Very rarely, infection, nerve injury, or puncture of the lining around the nerves and spinal cord can occur. In the rare case when puncture of the dural membrane does occur this can allow leak of spinal fluid and may cause headaches for a few days.

In general treatment is tolerated well, and you will be allowed home after a short period of observation on the Day Surgery Ward. You should have a responsible adult to take you home and to stay with you at home that night.

## ARE THERE ANY ALTERNATIVES TO THIS TREATMENT?

Leg pain due to nerve root irritation or compression in the lumbar spine is often treated most effectively with more than one treatment at the same time. TENS therapy (transcutaneous electrical nerve stimulation) is helpful in nerve related in some patients. Pain killers for nerve pain can be given to treat most pains for which an epidural injection is recommended. For some patients an alternative approach to inject steroid around the affected nerve would be a nerve root block. In selected cases surgery may be offered.

## WHAT HAPPENS NEXT?

Commonly you feel stiff and sore for up to a few days after the treatment.

You should take your normal painkillers regularly during this period, maintaining stretching and mobility after the first night after treatment.

You will attend outpatients for follow up after your treatment.

Most patients will benefit from gentle stretching exercises done regularly at home following the first night after treatment.