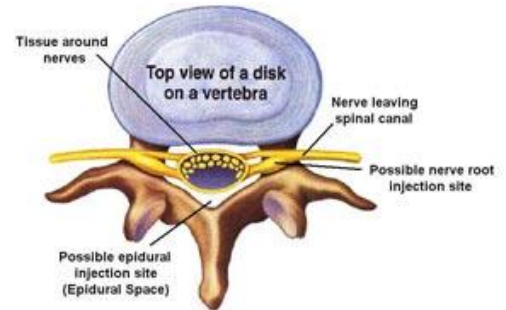


Epidural Steroid Injections (ESI)

What is an epidural injection?

Epidural injections provide diagnostic data and pain relief by delivering local anesthetic and anti-inflammatory action of steroid into the spinal area on the surface of the spinal column. The procedure is done under fluoroscopy (X-ray) guidance so your doctor can better target the direct source of your pain.



What are steroids?

Steroids are a certain form of chemical found naturally in your body. Medically used steroids are potent anti-inflammatory agents. They are useful in the treatment of patients with radiculopathy caused by local inflammation due to disc injury, degenerative changes, and other causes. Most adverse effects are associated with long-term use of steroids. When steroids are used locally with injections, the associated risks are substantially less. Side effects can include indigestion, increased appetite, trouble sleeping, and occasionally headache. Tylenol can help with headaches after a steroid injection or dosing.

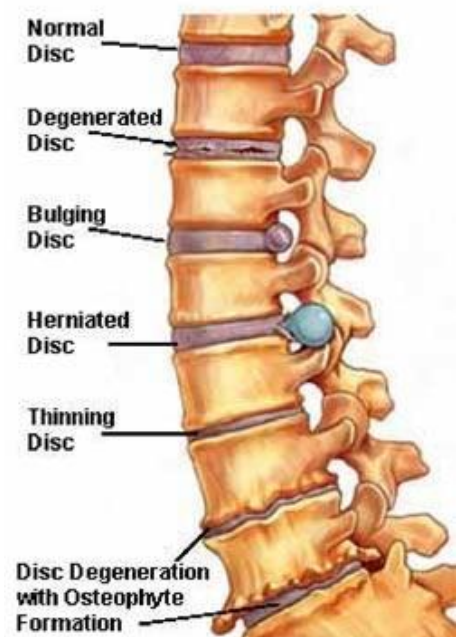
Why is it done?

An epidural injection may be ordered by your provider as a means to confirm a specific diagnosis and/or decrease pain and inflammation. In general, epidural injections are recommended to provide pain relief and enable patients to progress with their rehabilitation. Epidural injections may be an effective nonsurgical option for common conditions such as lumbar disc herniation, degenerative disc disease, and lumbar spinal stenosis.

What causes the inflammation causing my symptoms?

Inflammation or irritation of a nerve root most commonly originates from a herniated, degenerated, or "leaky" disc at that spinal nerve root level.

Examples of Disc Problems



What is the typical procedure?

If a transforaminal epidural is ordered for the thoracic, or lumbosacral region, an appointment will be made for you at office. Local anesthetic (Lidocaine) will be used before the actual injection to diminish discomfort. The physician then locates, under fluoroscopy (X-ray), a specific anatomical target site or location that is near the problem area. Contrast is used to confirm proper placement. Medication, typically anesthetic and steroid, is then injected.

How long does the procedure take?

The actual procedure time is usually fifteen minutes.

Is the procedure painful?

The procedure does involve an injection so you may feel some discomfort. Local anesthetic is used to make you as comfortable as possible. You may feel some warmth as the fluid is injected. You may also experience some of your typical pain. The doctor will be interested in how this compares to your usual symptoms.

When will the pain relief take effect?

You may experience numbness and/or relief from your typical pain for up to 6 hours after the injection. This is due to the long-acting anesthetic injected. Your usual symptoms may then return and may possibly be worse than usual for a day or two. The beneficial effects of the steroid injection usually begin in 1 to 3 days or may take as long as a week.

Will I need further injections?

It is hard to determine exactly. If an initial injection provided a certain amount of pain relief, a second injection may provide additional benefit. If your pain subsides completely and does return at some point, additional injections may be an option.

What are the risks of this procedure?

Generally speaking, this procedure is very safe. However, as with any procedure, there are risks, side effects, and the possibility of complications. The most common side effect is pain, which is temporary. There is also occasional bruising. There is a slight possibility of infection, either at the site of injection or in the deeper tissue. This could require the use of antibiotics, either by mouth or intravenously. Additionally, if the infection were severe, it could require hospitalization and further surgery. In these procedures it is possible to get close to a nerve root, and this would cause a slight increase in pain with possible radiation into the limb. It is very unlikely, but there could be permanent nerve damage. Very rare complications may include bone injury from repetitive steroid intake, reaction to the injectant (anesthetic or steroid material) causing respiratory or cardiac compromise as well as seizures. Death is even a possibility, as with any invasive procedure, although this possibility is exceedingly rare. Steroid medications have rarely been associated with hip or arm (bone) damage, and this has usually been with high doses or prolonged use. This remains a rare complication.