



## The Steward Centers for Pain Management

### Frequently asked questions about procedures used for chronic pain

#### **Epidural Steroid Injections**

Epidural steroid injection is an injection of long-lasting steroid (“cortisone”) in the epidural space. This is the area that surrounds the spinal cord and the nerves coming out of it.

#### **Q. What is the purpose of it?**

The steroid reduces the inflammation and /or swelling of nerves in the epidural space. This may in turn reduce pain, tingling & numbness and other symptoms cause by nerve inflammation/irritation or swelling.

#### **A. Who should not have this injection?**

- If you are allergic to any of the medications to be injected, or if you have an active infection going on, you should **not** have the procedure.
- If you have an active infection going on, you should not have the injection.
- *If you are on a blood-thinning medication (e.g. Coumadin®, Plavix®, Ticlid®, RcoPro®, Aggrastst®, Integrilin®), please contact the Steward Centers for Pain Management prior to your appointment.*

#### **Q. What do I do to prepare for the procedure?**

A. Arrange for a responsible adult to accompany you and drive you home after the procedure. Arrive one half hour before the appointment. Stop all aspirin products 14 days prior to scheduled procedure. Stop taking NSAIDs (Motrin, Aleve, Advil, ibuprofen, etc.) 48 hours before your procedure.

#### **Q. What is actually injected?**

A. The injection consists of a mixture of local anesthetic, such as lidocaine or bupivacaine, and steroid medications such as triamcinolone (Aristocort) or methylprednisolone (Depo-Medrol).

#### **Q. Will the injection hurt?**

A. The procedure involves inserting a needle through skin and deeper tissues (like a tetanus shot). So there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle prior to inserting the epidural needle. Also, the tissues in the midline have less nerve supply, so usually you feel strong pressure and not much pain.

#### **Q. Will I be “put out” for this procedure?**

A. No. This procedure is done under local anesthesia.

#### **Q. How is the injection performed?**

A. It is done with the patient sitting up or lying flat. Your doctor may do this under X-ray guidance. The skin is cleaned with antiseptic solution and then the injection is carried out. After the procedure, you are placed on your back or on your side.

**Q. What should I expect after the injection?**

A. Immediately after the injection, you may feel your legs slightly heavy or numb. Also, you may notice that your pain may be gone or quite reduced. This is due to the local anesthetic and will last for a few hours only. Your pain will return and you may have a “sore back” for a day or two. This is due to the mechanical process of needle insertion as well as initial irritation from the steroid itself. You should start noticing pain relief the third day or so.

**Q. What should I do after the procedure?**

A. You should have a ride home. We advise the patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you.

**Q. Can I go back to work the next day?**

A. You should be able to, unless the procedure was complicated. Usually you will feel some back pain or have a “sore back.”

**Q. How long will the effect of the medication last?**

A. The immediate effect is usually from the local anesthetic injected. This wears off in a few hours. The cortisone starts working in about four to five days, and its effect can last for several days to a few months.

**Q. How many injections do I need to have?**

A. If the first injection does not relieve your symptoms in one to two weeks, one more injection may be recommended. Similarly if the second injection does not relieve your symptoms in one to two weeks, you may be recommended to have a third injection.

**Q. Can I have more than three injections?**

A. In a six-month period, we generally do not perform more than three injections. This is because the medication injected lasts for about six months. If three injections have not helped much, it is very unlikely that you will get any further benefit from more injections. Also, giving more injections will increase the likelihood of side effects from cortisone.

**Q. Will the epidural steroid injection help me?**

A. It is very difficult to predict if the injection will indeed help you or not. Generally speaking, the patients who have radicular symptoms, like sciatica, respond better to the injection than the patients who have only back pain. Similarly, patients with a recent onset of pain may respond better than those with long-standing pain. Also, patients with back pain due mainly to a bony abnormality may not respond adequately.

**Q. What are the risks and side effects?**

A. Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and the possibility of complications. The most common side effect is pain, which is temporary. Other risks may involve spinal puncture with headaches, infection, bleeding inside the epidural space with nerve damage, worsening of symptoms, etc. Additional risks are related to the side effects of cortisone. These include weight gain, increase in blood sugar (mainly in diabetics), water retention, suppression of the body’s own natural production of cortisone, etc.

If you have questions, be sure to ask your doctor or other member of your pain management team.

[www.Steward.org/painmangement](http://www.Steward.org/painmangement)