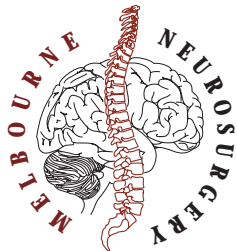


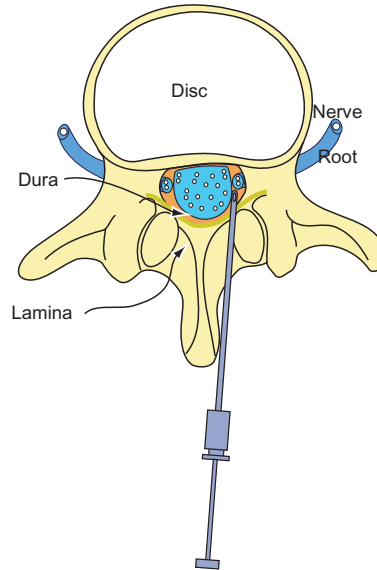
## PROCEDURE INFORMATION

# LUMBAR EPIDURAL INJECTION



### WHAT IS AN EPIDURAL INJECTION?

The nerves in the bottom of the spine are in fluid that is surrounded by a sac. The sac is called Dura. The injection is outside the nerves covered in dura but inside the spine. The space is called the epidural space hence the procedure is called an EPIDURAL INJECTION.



### WHAT ARE THE REASONS FOR HAVING AN EPIDURAL INJECTION ?

1. The commonest reason is that you have Sciatic pain running down the leg
2. It may be for Back Pain
3. It may be for a Disc Prolapse

### IS IT A DAY PROCEDURE ?

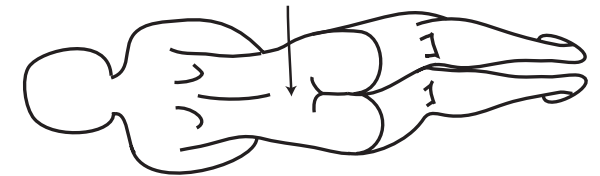
In most cases it is. Some patients will be admitted as a day patient in a hospital. Some will have it in as an outpatient type procedure. You will need to have some-one bring you in and collect you afterwards.

### HOW IS IT PERFORMED ?

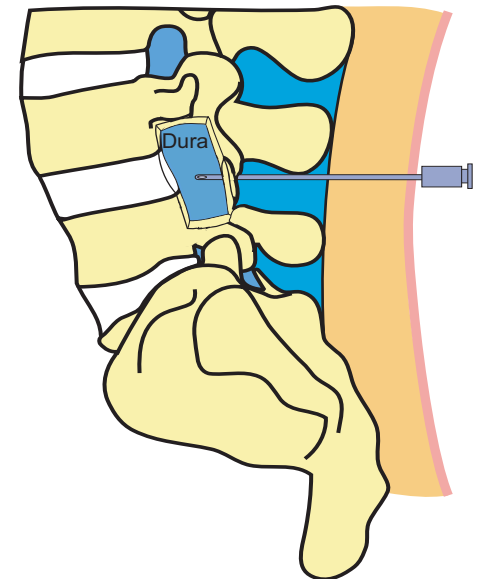
The test is performed by a doctor and happens either in the surgery or in a hospital. It is commonly performed in an X ray department.

You will be either sitting or lying on your side, if you are on your side then your knees may be tucked up under your chin. The place for the needle is prepared with antiseptic to prevent infection .

Local anaesthetic may be injected into the area to numb it prior to the needle being inserted.



The needle is then pushed through the layers of the back to the membrane lining the lumbar nerve roots. This may sting a little but it is important not to move.





The needle has a solid centre and this is removed check if the needle is in the correct place.

Sometimes contrast is injected into the epidural space to confirm the correct location.

A mixture of Local Anesthetic and Steroid is injected around the dura and your nerve roots.

Once everything is injected the needle is removed.

A bandaid is all that is needed to cover the wound.

## WHAT SHOULD YOU DO AFTER ?

You will usually rest in bed for 4 hours to reduce the risk of headache from the fluid leaking if the dura was punctured.

You will then be able to go home.

Somebody should drive you home.

Until the next day it would be advisable not to exercise.

## WHAT SHOULD YOU NOTIFY YOUR DOCTOR OF AFTER ?

- 1. INCREASING HEADACHE**
- 2. INCREASING DROWSINESS**
- 3. FEVER**
- 4. SEIZURES**
- 5. WEAKNESS IN LEG/S**

## HOW WILL IT AFFECT YOU ?

The local anesthetic works first and usually gives instant relief. In some patients this may have little effect.

The steroid starts to work later and can take up to two weeks to be effective.

The local may wear off before the steroids start to work and this will mean you may have some recurrence of your symptoms until the steroid works.

Just because the local does not work does not mean that the steroids will not start to have an effect later.

## WHAT ARE THE RISKS?

The risks are very small

With the needle going in a nerve may get caught and this may give pain or tingling down the leg. This is transient and disappears when the needle is removed.

Infection is a theoretical risk but almost never seen.

If you have a bleeding problem or are taking a medication to thin your blood then there is a risk of bleeding at the area and developing weakness in the legs. It is important to tell the doctor if you are on blood thinning tablets such as aspirin/ warfarin /anti- inflammatory drugs.

Headache is the commonest side effect if a small hole is left when the needle is removed. The fluid may leak into the tissue around the spine, dropping the pressure in the head. This usually resolves in 24 hours or less.

Seizure

## HOW LONG WILL IT LAST ?

This may depend on the reason for the injection. The aim of the steroid is to break your cycle of pain and allow your body to get better on its own.

It can be permanent but it may also need to be repeated if it does not last very long.

Some patients will get lasting relief while others may need to have the injection repeated in a few months.

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