

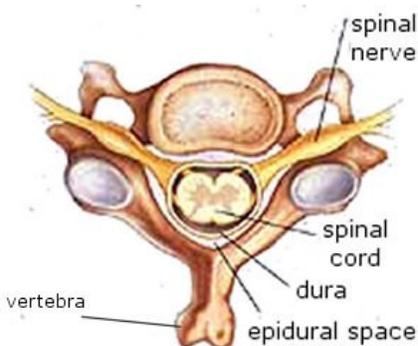
Pacific Coast Spine Institute and Pain Center

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Epidural Spinal Injections

An epidural spinal injection is a non-surgical treatment option that may provide either short- or long-term relief of radiating neck and/or back pain.

When spinal nerves become irritated or inflamed due to a degenerative condition in the spine that is causing nerve compression, such as a herniated disc or spinal stenosis, the result may be severe acute or chronic neck pain, as well as pain, numbness and muscle weakness that extends elsewhere into the body, such as the hips, buttocks or legs. Before your doctor considers spine surgery to relieve these symptoms, he or she will most likely recommend one or more non-surgical treatment measures. An epidural spinal injection is one of these options.



What Is An Epidural Spinal Injection And How Does It Work?

An epidural spinal injection involves delivering anti-inflammatory medication - typically a steroid combined with an anesthetic - directly into the area around the irritated spinal nerves that are causing the pain. This area is called the epidural space, and it surrounds the sheath-like protective membrane - or dura - that covers the spinal nerves and nerve roots. Steroids reduce nerve irritation by inhibiting production of the proteins that cause inflammation; the anesthetic blocks nerve conduction in the area where it's applied, numbing the sensation of pain.

An epidural spinal injection may be done either for diagnostic or therapeutic reasons:

- By injecting medication around a specific nerve root, your doctor can determine if that particular nerve root is the cause of the problem.
- When administered for therapeutic reasons, a spinal epidural injection may provide long- or short-term relief, anywhere from a week to several months. In

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some instances, an epidural spinal injection may break the cycle of inflammation and provide permanent relief.

It's important to note, however, that an epidural spinal injection is typically not considered a "cure" for symptoms associated with spinal compression. Rather, it's a treatment "tool" that a doctor can use to help ease a patient's pain and discomfort as the underlying cause of the problem is being addressed through a rehabilitative program such as physical therapy, or while the patient is considering his or her surgical treatment options.

How Is An Epidural Spinal Injection Administered?

Many hospitals and medical centers have pain management physicians who perform epidural spinal injections for conditions such as spinal stenosis, disc herniation and arthritis in the facet joints of the spine. The types of physicians who administer these injections include physiatrists, anesthesiologists, radiologists, neurologists and surgeons.

An epidural spinal injection is generally done on an outpatient basis, either at your doctor's clinic or local hospital or medical center, and the procedure typically involves:

- Delivering a mild sedative via an intravenous (IV) drip for relaxation (if desired);
- Positioning the patient to give the doctor clear access to the area of the spine to be treated. Depending on the location of the spine to be treated, this may involve lying facedown or on your side on an operating table, or sitting up in a chair.
- Wiping the skin with an antiseptic to clean the area where the epidural needle will be inserted;
- Injecting a local anesthetic to numb the injection site;
- Directing a small needle using fluoroscopy (a type of x-ray guidance that allows your doctor to monitor the placement of the needle) into the epidural space;
- Injecting a small amount of contrast dye to confirm that the needle is placed properly, and that the medication spreads to the area where it's needed;
- Injecting the steroid/anesthetic medication into the epidural space; and
- Removing the needle from the epidural space, wiping the injection site with an antiseptic and covering it with a bandage.

The procedure typically takes 15-30 minutes. After the procedure, you'll be monitored for about 30-60 minutes in the recovery room. You should not drive following your injection; please have an adult driver available to take you home and to do any errands you may need that day. You also should avoid any strenuous activities for the rest of the day following your procedure. Your doctor also will have more specific after-care instructions for you; please follow his or her directives carefully to maximize your recovery potential.

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How Will I Feel After The Injection?

After your injection, you may experience some numbness in your arms or legs. This is a temporary side effect associated with the anesthetic component of the injection, and it typically subsides within 1 to 8 hours. Your pain also may increase over the following 24-48 hours; it generally takes 24-72 hours for the pain-relieving benefits of a spinal epidural injection to take effect.

How Often Can I Get An Epidural Steroid Injection?

If your injection resolves your pain for a short period of time, you may be interested in another injection. Most doctors, however, limit the number of steroid injections they will give within a certain period of time - three per year is a common guideline. Most spine surgeons do not believe that repeated and frequent injections are a good way to manage a spine problem in the long-term. Rather, if an injection helps to relieve the pain, at least temporarily, it may indicate that surgery will be successful in helping to obtain a permanent solution for the pain.

Are There Any Risks Or Complications Associated With Epidural Steroid Injections?

As with any procedure, there are always certain risks involved with epidural steroid injections. Potential complications may include:

- Bleeding or infection at the injection site
- Pain during or after injection
- Post-injection headache
- Reaction to injection medication
- Nerve injury, including spinal cord injury and quadriplegia
- Bladder dysfunction
- Fluid retention
- Respiratory arrest
- Epidural hematoma (a collection of blood outside a blood vessel caused by a leak or injury)
- Spinal cord infarction (occurs when one of the three major arteries that supply blood - and therefore oxygen - to the spinal cord is blocked)

Complications are not a common occurrence; however, because they are potentially much more severe in the cervical spine than in the lumbar spine (low back), many physicians recommend oral steroids instead of cervical epidural spinal injections because of these risks.

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Additional risk factors to consider before having an epidural spinal injection include:

- If you regularly take platelet-inhibiting drugs such as aspirin or NSAIDS (non-steroidal anti-inflammatory drugs), you may be at increased risk for bleeding.
- If you have a serious or active infection, steroids can lower your body's resistance to and ability to fight it.
- If you are hypersensitive to or are allergic to certain medications, you may have a negative reaction to the drugs used in the injection. Please provide your doctor with a list of your allergies and any other medications you are taking.
- If you are ill or have a chronic medical condition, please discuss the risks of a cervical epidural spinal injection specific to your condition with your doctor. Patients with diabetes, for example, may experience an increase in blood sugar after an injection. Patients with congestive heart failure, renal failure, hypertension or significant cardiac disease may develop problems due to the effects of fluid retention several days after an injection.
- If you are pregnant, inform your doctor. Fluoroscopic x-rays pose great risk to a fetus at all stages of development.