

Dr Nicholas Fraser
Consultant in Anaesthesia & Pain Management

INFORMATION LEAFLET: EPIDURAL STEROID INJECTIONS

This leaflet will help you understand the procedure and answer some common questions. You will also have an opportunity to discuss the procedure with the team either before attending or when you come in.

What is an Epidural Steroid Injection?

This refers to an injection of Corticosteroid (anti-inflammatory medication also known as 'Cortisone') into the epidural space. The epidural space is located around the outer covering of the spinal cord within the spine. It runs from the base of the skull to the bottom of the spine, along the entire length of the spinal canal. Nerve fibres carrying pain signals to the spinal cord and the brain pass through this space. The steroid decreases inflammation and can provide pain relief. The anti-inflammatory steroids should not be confused with anabolic steroids that athletes have used for building up muscle mass. Unfortunately, no company actually produces a steroid specifically licensed for the epidural space. However, using standard steroid preparations, epidural injections have been used since the early 1970s and are considered to be very safe by the national and international pain organisations.

What is a Transforaminal Epidural Injection? (also known as Root Blocks)

This is another way of injecting steroid into the epidural space. It is targeted to one side and level and delivers the steroid nearer to the affected disc. There are certain circumstances when this is preferable and we will use the technique that is best for you.

Why are Epidural Steroid injections undertaken?

They are helpful in people with back & leg pain, or neck & arm pain due to inflammation near the spinal nerves from a slipped intervertebral disc or arthritis. The injection helps to reduce pain, improve mobility, and thus improve function. By achieving a reduction in pain we hope that you will take the opportunity to regularly perform spinal exercises which is the best way to improve the function of your neck/back over the longer term.

How is the injection done?

Make sure you eat and drink on the day and take your usual medication and pain medication apart from blood thinners (see below and discuss with us beforehand). After arrival, you will be checked in by a member of the nursing staff and then meet Dr Fraser where you can discuss the procedure and complete the consent form. It's a good idea to wear loose clothing that allows access to your low back / base of neck; this means you won't have to change into a gown. You will be taken into a treatment room and asked to lie down on a special trolley and positioned for your comfort but also to allow access for the x-ray machine. A small pulse oximeter probe will be placed on a finger and

the team will run through some basic checks including your name, allergies and confirm the procedure. The Radiographer may ask females under 50 if they are pregnant because of the x-rays.

The procedure itself is quite straightforward: You will hear Dr Fraser explaining to you what he is doing, and also hear him talk to the Nurses and Radiographer. X-ray images will be taken of your spine and the Dr Fraser will clean the skin with antiseptic solution. Local Anaesthetic is used to numb the skin then the injection will be guided into the spine using the x-ray images. Most patients do not find it painful, but if you do experience some pain then you should tell Dr Fraser.

It is normal to not like injections, we understand this. Please share any anxieties with the team and we will try to support you and make it as comfortable for you as we can. Some people can feel faint and unsteady after spinal injections, this is quite harmless but we take care afterwards to make sure you are safe to sit / stand up afterwards and we will take you to the recovery room and check that you are ok before we send you home. You need to be careful with your balance as even a small amount of spinal local anaesthetic can affect it. You should not drive for the rest of the day; it is best to go home and rest.

What are the beneficial effects?

The injection may help to relieve back and leg, or neck and arm pain. It takes a few days to work but is usually working within a fortnight. The corticosteroids we use are synthetic versions of the body's own hormones and suppress inflammation reducing swelling, pain and stiffness in the treated area. Not all patients respond to corticosteroids in which case the injection might not help. Some of the medicine will be absorbed into the body and this can cause some other effects but they are usually mild and short lived (see below).

What are the side effects and risks of the injection?

There can be some bruising and tenderness in the injection site and you may initially experience some increase in your pain, this usually settles with time, rest and painkillers. Your balance and walking can occasionally be affected, do let a member of the team know and take care when moving around, this usually settles within a couple of hours. A Post Dural Puncture Headache can occasionally happen (1:200 risk): This is a severe headache at the back or top of the head becoming worse on standing, it is caused by a leak of spinal fluid. The headache usually settles down with bed rest, regular painkillers and drinking plenty of fluids including caffeine. If the headache persists, please contact the hospital and the Dr Fraser will discuss other treatment options. Other very rare risks include Infection, bleeding, stroke, spinal cord, spinal nerve and blood vessel damage, but to reassure you the estimated risk of long term nerve injury is very low at 1;40,000.

(Reference: 3rd National Audit Project (NAP3) The Royal College of Anaesthetists.
www.rcoa.ac.uk/nap3 - Complications after CNB for Chronic Pain.)

Potential side effects with use of steroids

There are very few side effects associated with single or occasional use of steroid injections. Hot flushes, feeling sick or having mild abdominal pain are sometimes felt. Control of diabetes may be difficult and menstrual irregularities may occur. These settle in a few days.

Repeated and frequent use has the potential to lead to more serious side effects, but it must be kept in mind that the dose that is used in these injections is relatively very low compared to those taking steroids by mouth on a daily basis for conditions such as asthma or arthritis. In those circumstances, side effects such as increase in appetite, weight gain, thinning of the bones (osteoporosis), thinning of the skin, eye problems (glaucoma, cataract), weakness, depression, rounded face, high blood pressure and water retention have been seen. Oral Contraceptive pills may increase the level of steroids in the blood.

COVID 19

When you arrive, you will be screened for possible COVID-19 infection with a questionnaire and a temperature test. You will be required to wear a facemask and socially distance in the waiting area. Please use the hand sanitisers provided as you encounter them. The staff are also subject to these measures for the patients' and their own protection. Entering any facility risks exposure to the virus and corticosteroids are known to lower immunity and this could reduce your body's ability to fight the virus. It is important therefore, to continue to maintain social distancing and exercising caution for the few weeks after your injection, but this does not mean shielding per se. Feel free to discuss this with the Dr Fraser.

General Advice/Precautions

Please allow 1-2 hours for this treatment. Ensure you have a responsible adult to take you safely home and then rest until you feel you have recovered. Once safely at home, there is usually no need for you to be accompanied overnight. If alone, ensure you have a telephone to hand in case help is needed.

A follow up appointment will usually be arranged for you, either with your Surgeon or Dr Fraser. If you have anything you want to discuss then please call.

You should carry on with your normal activities, try to increase the exercises and aim to reduce your painkillers if the effect of the injection appears to have been successful.

If there are any concerns or queries please contact us on 0161 495 7008.

Please note: It is very important that you inform us as soon as able if any of the following apply:

- If you are allergic to any of the following: local anaesthetic drugs, cortisone products (triamcinolone, dexamethasone), iodine, latex, radiopaque dye (Omnipaque).
- If you are on blood thinning medication such as Aspirin (75mg is OK), Warfarin, Apixaban, Dabigatran, Edoxaban, Rivaroxaban, Clopidogrel, Dipyridamole, Nicoumalone (Sinthrome), Ticlopidine (Ticlid), please let us know as these will require stopping beforehand if feasible.
- If you have an infection near the injection site, or you are acutely unwell.
- If you have had a recent steroid / cortisone injection in the hospital or in your surgery.
- If you think you might be pregnant.

- If you are a Diabetic on Insulin. Your blood sugar may be difficult to control for a few days tending to be high.
- Caution should be exercised if you have had a recent heart attack or vaccination. Please inform the Pain Clinic.

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Dr Fraser is a Consultant in Anaesthesia and Pain Medicine. He was appointed in 2007 and works at The OrthTeam Centre and the Alexandra Hospital. His NHS base is at Stepping Hill Hospital. He undertakes over 150 Epidurals per year.

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