

What happens afterwards?

Following the injection you will return to the ward and the nurses will monitor your blood pressure etc for a short time. As soon as you are able to walk and have passed urine you will be able to go home.

Within reasonable limits, you should be able to return to regular activities by the next day. It can take several days for the full effect of the injection to become apparent and continuation of your normal pain killing medication is advisable. It is useful if you keep a diary noting the degree of improvement in back pain, the duration of relief and activities that you can and cannot do after the injection.

You may be discharged from clinic or receive a **phone call** appointment with a nurse (typically 6-12 weeks after the injection) This will be to assess how you have fared and you may well be discharged at that point or further investigations or treatment discussed as necessary.

Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone (City Hospital Campus): 0800 052 1195

Freephone (QMC Campus): 0800 183 0204

From a mobile or abroad: 0115 924 9924 ext 65412 or 62301



Minicom: 0800 183 0204

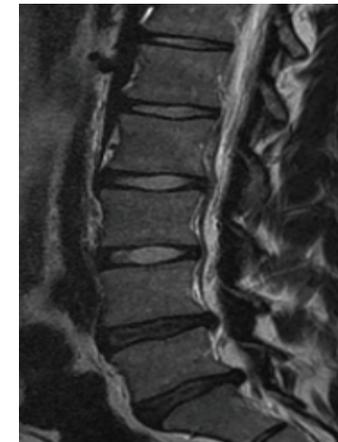
E-mail: pals@nuh.nhs.uk

Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

Epidural injections

Spinal outpatients



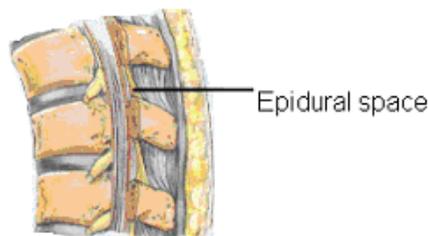
This document can be provided in different languages and formats. For more information please contact:

Spinal outpatients
A floor, East block
QMC Campus
Nottingham NG7 2UH
Tel: 0115 924 9924 ext. 65377

What is an epidural injection?

This is an injection of local anaesthetic and anti-inflammatory steroid into the epidural space in your lower back.

The epidural space lies within the bony canal of the spinal column and surrounds the dura, which is a tough fibrous envelope of tissue enclosing the spinal cord and nerve roots. Within the dura the cord and nerve roots lie in a watery fluid called the cerebrospinal fluid (CSF).



The steroid solution spreads around the dura within the epidural space and bathes the nerve roots.

Why is this injection given?

If your doctor is considering you for this injection it is likely that they feel that your back and/or leg pain is caused by irritation of a nerve root (for example either by a prolapsed ('slipped') disc or by narrowing to the bony canal of the spine).

These injections are carried out in order to give you pain relief. It is hoped that the pain relief will last up to 12 weeks. However, some people will experience pain relief for a much shorter period and some will feel no benefit at all. People who have had several sets of injections may report differing amounts of pain relief with the effects lasting for different periods of time following each session.

Prior to the injection you may only eat and drink as indicated on your admission letter.

If you take any blood thinning anticoagulant medication such as warfarin, clopidogrel, dipyridamole or aspirin, you will be advised to stop taking these several days prior to the injection. You can take all other usual medication (including painkillers) on the day.

How is the injection given?

This procedure is carried out whilst you are awake. An anaesthetist will perform the procedure. It may be done either in the operating theatre or in the daycase unit, depending on the list you have been placed on. If it is performed as part of a theatre list you may wait on the unit for some time, as operations may take longer than planned or emergency surgery may take priority.

A small needle will be inserted into a vein in the back of your hand and you may be asked to either sit on the edge of the bed leaning forward onto a table, lie curled up on one side or lie on your front.

Some local anaesthetic will be injected into the skin of your back to 'numb' the area. The spinal needle will be inserted in the midline of your back, typically anywhere from just above your waist to your 'tailbone' (in which case we call it a caudal epidural). Once the doctor is happy the needle is in the epidural space, they will inject the steroid solution. The procedure usually takes around 20 minutes.

You will usually be allowed to go home a short while after the procedure but are advised **not** to drive or travel on public transport.

What are the risks?

In the vast majority of cases, epidural injections are safe. But as with any medical procedure complications are possible. The doctor will discuss these with you prior to the injection and ask you to sign a consent form. The complications include the following (although this list is not exhaustive).

- Failure to provide pain relief, or only very short duration of relief.
- Headache. This may happen if CSF (see first page) leaks from a hole in the dura. It may be very mild or can be quite severe and require further treatment.
- Leg weakness. This is usually temporary and can range from very mild weakness to you being unable to move both legs. In the latter case you would be admitted to hospital until this has worn off.
- Urinary difficulties. Some people experience problems passing water, especially if you had pre-existing difficulties.
- Infection around the spine rarely leading to abscess formation.
- Bleeding around the spine that may require further treatment.