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Epidural Steroid Injection

What is an epidural steroid injection?

The epidural steroid injection is the placement of cortisone, a powerful anti-inflammatory agent, into the epidural space, which approximates the disc and spinal column. The epidural injection has been used for over 40 years as treatment for back pain. It involves using either steroids or anesthetic agents allowing good benefits with minimal risk factors.

This is a common procedure. Because of the low risk and low incidence of any significant problems or side effects, this is felt to be a reasonable procedure to follow when traditional conservative therapy for disc pain has failed to provide improvement. A large percentage of patients upon whom this procedure is performed will get complete resolution of symptoms; a small percentage may experience no real improvement at all.

What is the purpose of it?

The main goal of the epidural injection is to shrink the swelling in bulging or herniated discs, and to decrease any inflammation that surrounds the disc and may be pressing on a spinal nerve.

How long does the injection take?

The actual injection takes only a few minutes.

What is actually injected?

The injection consists of a mixture of local anesthetic (like novocaine) and the steroid medication.

Will the injection(s) hurt?

The procedure is done under local anesthesia. There will inevitably be some pain with the initial needle stick.

How is the injection performed?

You are placed on your stomach, and the skin on your back or neck is cleaned with antiseptic solution. The injection is performed under fluoroscopic (x-ray) guidance. After the injection, you are placed on your back for ten to fifteen minutes.

What should I do after the procedure?

You should have a ride home. We advise patients to take it easy on the day of the procedure. Please go home and lie on your back for at least a few hours. You may want to apply ice or a heating pad to the affected area. After the first day, you may resume normal activities as tolerated.

An occasional patient will feel such significant relief that they are tempted to resume various strenuous activities. They are cautioned not to do this, however. It is generally advised to pursue a course of gradual increase in activity, often coordinated with physical therapy or other training once the injections have been completed.

Can I go to work to work the next day?

Yes. Unless there are complications, you should be able to return to your work the next day. The most common sensation you may feel is soreness in the neck or back.

What should I expect after the injection?

Immediately after the injection, you may feel that your pain may be gone or quite less. This is due to the local anesthetic injected. This will last for a few hours. Your pain may return and you may have a sore back or neck for a day or two. This discomfort is due to the mechanical process of needle insertion as well as initial irritation from the steroid itself, and may be relieved with gentle stretching (refer to handout received in the office) and/or the application of heat or cold packs. Everyone responds differently, but you should start noticing pain relief within several (up to ten) days.

Will the epidural steroid injection help me?

It is very difficult to predict if the injection will help you or not. Your physician chose this procedure for you because he/she believes that the potential benefits of an injection outweigh any potential risks. If there is improvement from the steroid epidural, it likely will occur over the next several days to two weeks. The improvement should not be expected immediately.

How many injections do I need to have?

If the first injection does not relieve your symptoms within a week or two, you may be advised to undergo one more injection. If you respond to the injections but still have residual pain, you may be advised to receive a third injection or a different procedure. Additional injections are often additive in their therapeutic effects.

Can I have more than three injections?

In a six-month period, we generally do not perform more than three injections. Giving more than three injections will increase the likelihood of side effects from cortisone. Also, if three injections with fluoroscopic guidance have not helped you much, it is very unlikely that you will get any further benefit from additional injections.

What are the risks and side effects?

This procedure is safe when performed in a controlled setting (surgical center, sterile equipment, and the use of x-ray); however, with any procedure there are risks, side effects, and the possibility of complications. The most common side effect is discomfort, which is temporary. Other risks involve infection, bleeding, or worsening of symptoms. As with other types of injections, you should not have the procedure if you are currently taking blood-thinning medicine (e.g., Coumadin or Plavix). Side effects related to cortisone include fluid retention, weight gain, increased blood sugar (mainly in diabetics), elevated blood pressure, mood swings, irritability, insomnia, and suppression of your body's own natural production of cortisone. Fortunately, serious side effects and complications are uncommon. You should discuss any specific concerns with your physician.

Side effects and adverse reactions are rare. Some of these potential (uncommon) side effects include fluid retention, "puffiness" and rarely, acne. An additional risk is the possibility for the epidural needle to nick the dura (the covering of the spinal cord). Should this occur, there could be leakage of cerebrospinal fluid, which could cause a severe "spinal headache". If this should happen, bed rest and an increase in fluid and caffeine intake frequently will alleviate the headache completely. Should this not resolve the problem, it could be necessary to do what is called a "blood patch," in which (under sterile conditions) blood is removed from a vein in the arm and placed into the same epidural space. This completely resolves symptoms of the headache. The incidence of a spinal headache is approximately 1 in 1,000, and occurs in a patient about once every year. As you can see it is very rare. Since this is the most common adverse event that may occur from epidural injections, the remaining potential complications should not scare you, but make you more informed. Other potential risks include worsening of symptoms, bleeding, infection, backache, steroid side effects, bowel or bladder dysfunction, hematoma, cord compression, paralysis, neurologic damage or impairment, or death. One of the most serious side effects (which is extremely rare) is the development of an epidural infection or abscess. In order to avoid these complications, the procedure is done under strict sterile conditions, utilizing fluoroscopy to localize the epidural space and guide the needle.