

Epidural injections and nerve root blocks

Introduction

This leaflet gives you information about having epidural injections and nerve root blocks and the risks involved.

What is an epidural injection?

This is an injection into your spine to an area outside the spinal cord called the epidural space. Epidurals and nerve root blocks (a specific type of epidural) are used in some patients who have spine and limb pain.

Sometimes the injection is directed at a specific nerve root within the epidural space.

We know that nerves can be irritated by either protrusion of material from a disc (slipped disc) or because of tightness due to wear and tear of the sides of the spinal column through which the nerves emerge (spinal stenosis).

What is injected?

A small amount of local anaesthetic is injected. Sometimes a steroid is added.

The steroid acts only around the area where it is injected as an anti-inflammatory. There is some evidence that the steroid may help to prolong the effects of the local anaesthetic. Using a steroid in an injection does not have the same side-effects as taking long-term steroids. It can however, affect your blood sugar levels and this may be important if you have diabetes.

Steroids are not licensed to be used in epidural injections. However it is common practice and there is significant data to support their safe use in this way.

The doctor will use X-ray during the injection to guide them to the correct position. Contrast (dye) will also be used to confirm that the medicine is going to the correct spot. This also reduces the risks associated with the procedure.

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GHPI0446_03_20

Department

Pain Clinic

Review due

March 2023

Patient Information

Are there side effects?

The injection may not relieve the pain for all people. This is expected in up to 30 out of every 100 injections.

Some patients are allergic to the contrast dye used. This is more common in patients who are allergic to iodine; you must tell your consultant if this applies to you. In general, the risk of severe allergy to the drugs used is about 1 in every 10,000 patients.

All injections within the epidural space are associated with a risk of infection (abscess) and bleeding (haematoma). Both of these complications can result in permanent nerve injury including paralysis but this is rare (1 in every 10,000 patients).

Where is the procedure done?

The procedure is carried out in the Chedworth Suite at Cheltenham General Hospital. An appointment will be sent to you by the pain clinic secretaries.

On arrival

- You may be asked to put on a hospital gown
- You will be asked to lie face down on an X-ray trolley
- X-rays images (pictures) may be used to guide the needle
- The area to be injected will be cleaned with antiseptic
- The consultant will numb the area with local anaesthetic
- You may feel some discomfort during the procedure. This is normal but you should speak to your consultant if you are worried

How long will I be in hospital?

Although the procedure itself only takes about 10 to 15 minutes, you may be on Chedworth Suite for a couple of hours, so please come prepared for this.

After the epidural injection the nurses will check your blood pressure and pulse every 5 minutes for 30 minutes. The injection can lower your blood pressure which might cause you to feel light headed and dizzy if you sit up too soon.

Patient Information

Once you are able to sit up you will be offered a drink and allowed home shortly afterwards.

Can I eat and drink?

You may eat and drink as normal, unless your consultant advises you otherwise.

Can I take my usual medication?

Take your prescribed medication as usual on the day of your treatment.

Blood-thinning medication (such as clopidogrel, apixaban, warfarin). These medicines are usually stopped for a period of time before the injection to reduce the risk of epidural haematoma, which is associated with paralysis.

Your consultant should have discussed this with you in clinic but if you are in any doubt, please contact your consultant's secretary. The telephone number is at the end of this leaflet. It is advisable you do this at least one week before you are due to have the epidural injection.

If you have diabetes and your blood sugar is above 15mmol/l on the day of your procedure you may not be able to have the epidural injection.

If your blood sugars are above 15mmol/l leading up to your injection please contact your consultant's secretary for advice.

Can I drive home?

For safety reasons you are asked not to drive yourself home. You should also have somebody with you for the rest of the day.

After the injection

In the days following your injection you may have:

- **mild discomfort** around the injection site; this is expected and should settle by itself

Patient Information

- **an increase in your normal pain;** this is usually temporary. You can take your normal pain relief to reduce any discomfort. If the pain is severe, please contact your GP for advice
- **infection at the injection site;** this happens in up to 1 in every 100 individuals and is more common where steroids are used. Please contact your GP for advice
- **an allergic reaction to the injection,** which results in redness and itching around the injection site. This is not serious, although we need to know about it for future treatments
- **facial redness or flushing;** this is a normal response to steroid injection treatment
- **weakness and numbness in the limb or area that was treated.** If it was safe to do so you may have been discharged home with these symptoms. Please take care to protect the area/limb until normal sensation returns. **If normal sensation does not return or the weakness is getting worse, please go to your nearest Emergency Department and show them this leaflet.**

Any dressings can be removed after 24 hours.

What happens next?

Your response to the injection treatment will either be assessed before you leave Chedworth Suite or you will be asked for feedback 6 weeks after the treatment.

Please provide your email address before leaving Chedworth Suite.

A member of our administrative team will email you in 6 weeks with a form to complete about the result of your injection treatment.

You will be asked to complete the form with your name, date of birth, hospital number and the name of your pain consultant.

You will also be asked to let us know how much pain relief was provided by the injection and what improvements you have noticed.

Patient Information

The improvements may include being able to sleep better, able to do more physically, reduce medication or improvements in your mood and general wellbeing.

If you do not have access to email - please telephone your pain consultant's secretary 6 weeks after the injection treatment. The contact number is at the end of this leaflet. You will be asked for the same information that is requested by email.

The next step in your treatment will be decided according to your response to the injection treatment. Any further appointments will be posted to your home address.

If your pain has improved greatly, you will not need a routine follow up appointment. Instead you will be given a 6 months open appointment during which time you can contact your pain consultant's secretary.

It is advisable to try and reduce your pain medications as a result of improved pain relief. Contact your GP or pharmacist to discuss this as soon as possible, unless you have already been given advice on this by your consultant.

Contact information

For injection treatment follow up or to rearrange an appointment please contact your consultant's secretary, Monday to Friday between 8:00 am and 4:00 pm.

Dr Young's secretary

Tel: 0300 422 3383

Dr Makins' secretary

Tel: 0300 422 2558

Dr Harper's secretary

Tel: 0300 422 3383

Dr Bodycombe's secretary

Tel: 0300 422 3198

Dr Rea's secretary

Tel: 0300 422 2804

Dr Patel's secretary

Tel: 0300 422 2558

**Patient
Information**

For all other queries please contact the:

Clinical Nurse Specialists

Tel: 0300 422 2976

An answerphone will be in operation at all times. Please leave your name, contact number, and message. We will return your call as soon as possible.

For urgent calls please contact your GP or NHS 111.

NHS 111

Tel: 111

Further information

For more information about the Gloucestershire Hospitals Pain Management Service please visit the website below:

Website: www.gloshospitals.nhs.uk/our-services/services-we-offer/pain/

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