

# Epidural Steroid Injections

An epidural steroid injection places a steroid—a medication used to reduce inflammation (swelling)—into the epidural space of the spine.

The epidural space is located just outside the covering of the spinal cord. Nerves travel through the epidural space to the neck, arms, back and legs. Different types of spine problems can cause inflammation in these nerves, often resulting in pain.

The steroid is injected into the epidural space at the neck or lower back to reduce inflammation in the nerves. With the inflammation reduced, your pain may decrease and your underlying problem may heal.

## Does the procedure hurt?

During the procedure, we will inject you with a medication called a local anesthetic. This will numb the area where you will receive the steroid injection. You may feel some stinging from the needle or the anesthetic.

You may also feel some pressure or a temporary increase in your normal level of pain while the steroid is being injected. This temporary increase in pain may last for a few days after the procedure until the steroid starts to work.

## Preparing for the procedure

Once your procedure is scheduled, we will give you instructions on how to prepare. For your safety, please tell us if you:

- Take a blood thinner (for example, warfarin/Coumadin, Lovenox or Plavix);
- Take any aspirin products or anti-inflammatory drugs, such as ibuprofen (for example, Advil or Motrin) or naproxen (for example, Aleve);
- Have a condition that prevents your blood from clotting normally; or
- Have any allergies to latex, local anesthetics or X-ray dye.

Please plan to have someone drive you home after your procedure. If you do not, your procedure may need to be rescheduled.

## What to expect

1. The procedure generally involves these steps:
2. You will be taken to a patient waiting area. There we will check your ID band, measure your vital signs (such as your blood pressure and pulse) and ask you some basic questions about your health.
3. Then you will be taken to the procedure room where your doctor will ask for your consent to do the procedure.
4. You will lie on a table. Then the area to be treated will be cleaned and covered with a special sheet. This will help keep the area free of germs.
5. Your doctor will use a special X-ray to help view the area. He or she will then numb the area with a local anesthetic.
6. Your doctor will inject contrast (a substance that will help highlight the area on X-rays). If you are allergic to contrast, your doctor will discuss your options with you before the procedure.

7. Then your doctor will inject the steroid into the epidural space from the side (transforaminal approach), straight on (interlaminar approach), or from the base of your spine (caudal approach). The best approach depends on the location and source of your pain.

The procedure usually takes about 10 minutes. You will be awake during the procedure and may ask questions at any time. Before you leave, we will give you instructions on how to care for yourself at home.

### **Possible Complications**

Complications from this procedure are rare. The most common complication is a puncture to the dural sac (the covering around the spinal cord). This can cause a headache. Other complications, which are very rare, are bleeding, infection, and nerve or spinal cord injury.

### **After the procedure**

- You may be sore for a few days after the procedure. Use an ice pack 3–4 times a day to feel more comfortable.
- You may continue to have your usual level of pain until the steroid starts to work. This can take up to 2 weeks. Keep taking pain medication, as prescribed, if you need it.
- Pain relief from an epidural injection usually will last for several months, but this may differ from patient to patient. You may have 3–4 steroid injections a year. If you get no relief from the steroid, we will continue to work with you to find the source of your pain and explore other treatment options.

If you have any questions, please call the Pain Center at 617-754-5450 and ask to speak with a member of the clinical team.