

Epidural Steroid FAQs

Newport Pain Management

What is an Epidural Steroid Injection?

An epidural steroid injection is an injection of a local anesthetic and a potent anti-inflammatory medicine into in between two layers of tissue that surround the spinal cord and the nerves coming out of it. The anti-inflammatory medicine is a type of steroid related to cortisone, but much stronger.

What is the purpose of it?

The purpose is to deliver a large quantity of powerful anti-inflammatory medication to the nerve that is injured, thus reducing swelling and in turn reducing pain, tingling & numbness and other symptoms caused by nerve inflammation / irritation or swelling.

How long does the injection take?

The injection takes only a few minutes, but you will be monitored for reactions or side effects for twenty minutes to a half-hour after before you can go home. The doctor will need to review your history and examine you before the procedure to make sure the epidural is the right thing to do. The whole thing from history to injection to recovery takes from 45 minutes to an hour and a half.

What is actually injected?

The injection consists of a mixture of local anesthetic (like lidocaine or bupivacaine) and the steroid medication (betamethasone-Celestone®, triamcinolone – Aristocort® or methylprednisolone – Depo-medrol®). No, you don't need two injections, these are mixed together all in one. Triamcinolone is most commonly used as it is not associated with side effects such as meningitis, and mixes better with the local anesthetic.

Are these the same steroids that bodybuilders take?

No, the steroids injected are strong corticosteroids, not the anabolic steroids often taken by weightlifters.

Will the injection hurt?

You will feel the first injection of lidocaine that numbs the skin and deeper tissues prior to inserting the Epidural needle. Most people then feel only a strong pressure and not much pain. If you have had previous back surgery or bad experiences with epidurals, let your doctor know, as there are a variety of techniques that can be used to make the procedure less daunting.

Will I be "put out" for this procedure?

No. This procedure is done under local anesthesia or with a light sedative. Most people are amazed at how easy it is.

How is the injection performed?

You will be asked to either to sit up, lay on their side or on your stomach. Monitors for EKG, blood pressure and blood oxygen will be placed. Your back will be cleaned with an antiseptic solution and then the injection is carried out using sterile technique. After the injection, you lay on your back or on your side, with the painful side down.

What should I expect after the injection?

Immediately after the injection, you may feel your legs slightly heavy and may be numb. Also, you may notice that your pain may be gone or quite less. This is due to the local anesthetic injected. This will last only for a few hours. Your pain will return and you may have a "sore back" for a day or two. This is due to the mechanical process of needle insertion as well as initial irritation from the steroid itself. You should start noticing pain relief starting 48 to 72 hours later.

What should I do after the procedure?

You will need someone to drive you home. You should take it easy for the remainder of the day. Don't start any new activities or do something you wouldn't ordinarily do.

Can I go back to work the next day?

Most people can- depending on the type of work they do and the extent of their pain and activity levels before the injection.

How long the effect of the medication last?

The immediate effect is usually from the local anesthetic injected. This wears off in a few hours. The steroids start working in about 3 to 5 days and it can stay in the epidural space as long as two weeks.

How many injections do I need to have?

If the first injection does not relieve your symptoms in about a week to two weeks, you may be recommended to have one more injection. Similarly if the second injection does not relieve your symptoms in about a week to two weeks, you may be recommended to have a third injection. Most studies have shown that three injections provide the best long-term results.

Can I have more than three injections?

If three injections in a row haven't provided long term relief, chances are another won't either. However if you had a series of injections, and they worked well, but you reinjured yourself or your pain just came back, you can start another series in 4 months. The issue is that too much of the strong corticosteroids injected can temporarily shut down your body's own corticosteroid factory, causing you to have side effects.

I heard that cortisone can weaken the joints if it is injected too often, is this true?

This more true of corticosteroids injected into joints, however, an epidural is an injection into joints. It is true that too many injections of cortisone can weaken bones, cause gum disease, cataracts and many other problems. Cortisone injections can temporarily suppress the immune system, and make shingles outbreaks more common, and can raise blood sugar in diabetics for several days after.

Will the Epidural Steroid Injection help me?

It is very difficult to predict if the injection will indeed help you or not. Generally speaking, the patients who have pain in a leg (sciatica) respond better to the injections than the patients who have only back pain. Similarly, the patients with pain of less than 6 months duration may respond much better than the ones with a long-standing pain.

I had an epidural once before and it only worked for a short time. Why?

The epidural may not have been done properly, the steroids may not have gotten to the inflamed area due to anatomical reasons, you may have needed a series of epidurals, or perhaps the pain may be due to some other factors or be in due to a problem in another location.

Will the Epidural Steroid Injection cure the disc?

No. Your disc will remain bulging or herniated even after the steroids have been injected and the pain goes away. This is why you will need to follow-up with your physician after the block to start learning techniques to reduce your chances of having a pain recurrence.

What are the risks and side effects?

There are two main categories of risk. Things the needle can do when it is placed and things the medications can do. The needle can cause pain, spinal puncture with headaches, infection, bleeding inside the Epidural space with nerve damage, worsening of symptoms. The corticosteroids and local anesthetics can cause temporary effects such as allergic reactions, numbness in the legs, weight gain, increase in blood sugar (mainly in diabetics), water retention, and suppression of body's own natural production of cortisone for up to three months. Some patients have a worsening of symptoms for the first 24-24 hours after the block, until the steroid can take effect. While rare, no procedure in medicine is without risk, and severe complications including death have occurred.

Who should not have this injection?

If you are allergic to any of the medications to be injected, if you are on a blood thinning medication (e.g. Coumadin), or if you have an active infection going on, you should not have the injection.

Why is the procedure performed in a surgicenter?

While complications are rare, it is good medical practice to perform this complex procedure in a hospital or ambulatory surgical center with state of the art monitors and emergency equipment.

When was the first epidural performed?

It was first described in 1957.

What if I was to have surgery instead?

According to one study, with diskogenic back pain, two months after the start of pain, 76% of patients have good results with conservative treatment, 97% with good results with surgery. At 6 months: 99% with good results with conservative treatment, 93% with good results with surgery. Other studies show early surgery has a better outcome than waiting. Get several opinions before you decide on a treatment plan.

What happens when a disc is herniated?

A herniated disk leads to inflammation of the nearby nerve root. There is rapid swelling, fibrin deposit, capillary dilation, leukocyte migration, and phagocytic activity. Later, there is capillary and fibroblast proliferation, deposition of collagen, and adhesions- which lead to decreased mobility of the nerve root, increased inflammation, pain, muscle spasm, misalignment of facet joints, leading to a positive feedback loop of more pain, swelling and inactivity.

Why do you put local anesthetic in the epidural?

Local Anesthesia numbs the area, which allows the patient to move better, which leads to decreased adhesions. The local also leads to decreased muscle spasm which leads to realignment of facet joints. When steroid are added, there is suppression of both early and late inflammatory changes.

Who should get an epidural?

It is indicated for people with nerve root irritation present (leg pain or numbness), someone with acute onset of symptoms, and someone with little or no psychological overlay. Epidurals can be done for other conditions but with less success

What are the odds of success?

That depends on how long you have had symptoms and the extent of your back pain problems. Most studies show some short term benefit, but at least one study reports no improved long-term benefit.

What can effect the success of the block?

Wrong diagnosis, duration of symptoms, previous surgery (decreases response), age (increased age, decreased effectiveness), location of injection (at site of inflammation), work relation of injury.

Why is a series of two or three usually done?

The odds of prolonged pain relief is best with more than one, but more than three over a short period of time leads to a higher risk of side effects from the steroid. The injections are usually done two to four weeks apart.

H Rand Scott MD at [Newport Pain Management](http://www.newportpain.com) can offer an opinion to help guide you through the pain maze. Call 949 759-8400 for an appointment. For more information, go to www.newportpain.com