



Cervical, Thoracic, and Lumbar Epidural Steroid Injections – Frequently Asked Questions

1. **What is an epidural?**

An epidural is a highly specialized injection of lidocaine (numbing medicine) and steroid into the epidural space of the spine. This is the space that is immediately outside the sac that holds the spinal cord and nerves. An x-ray (fluoroscopy) machine is used to help guide the needle into the correct space, at which time dye is injected (which usually contains iodine) to ensure it is in the correct place. Subsequently the lidocaine and steroid mixture is injected.

2. **Why are epidurals done?**

Epidurals are done to reduce inflammation. The most common situation is when a nerve is being impinged which can cause it to become inflamed. This inflammation causes pain (sciatica), so the goal of the epidural is to reduce inflammation and thus reduce pain.

3. **Are epidurals guaranteed to reduce pain?**

No, there is unfortunately no guarantee that pain will be reduced with epidurals. However, about 70% of patients (with acute pinched nerves/sciatica) receive at least 50% relief from epidurals.

4. **How many epidurals can I have?**

Generally a patient may have up to three epidurals in a row, no earlier than two weeks apart (but it is advisable to have as few epidurals as possible). Epidurals may be repeated every 6-12 months if necessary if pain recurs. Too many epidurals can have significant side effects.

5. **What are the side effects to the steroids used in epidurals?**

Generally epidurals are well-tolerated, however sometimes side effects are experienced which include but are not limited to: insomnia, low grade fever, steroid flare (increase in pain), facial flushing, mood changes, fluid retention, elevated blood pressure, and elevated blood sugars. These side effects are temporary. Prolonged use of steroids can cause increased risk of infection, osteoporosis, and weight gain. Diabetics should keep a close eye on their blood sugars after epidurals.

6. **Are epidurals painful?**

Everyone will feel a “pinch and burn” when the local numbing medicine is injected. Beyond that it is normal to feel pressure as the needle travels to the target. As the medicine is injected, it can sometimes increase the sciatica pain when it flows around an inflamed nerve root. This increase in pain is temporary. Usually patients only feel mild discomfort during these procedures. IV sedation with Versed (Midazolam) can be used to help you relax during the procedure. This may or may not help with the pain during the procedure.

7. **What are the risks of epidurals?**

Risks include but are not limited to bleeding, infection, nerve damage, paralysis, and reaction to the medications used. Catastrophic outcomes to epidurals are exceptionally rare and have not happened at all in our clinic.

8. **I had an epidural, and now I have increased numbness. Why?**

Sometimes there is both pain and numbness in an arm or leg. The epidural may make the pain better, thereby unmasking the numbness.
9. **What if epidurals do not work?**

Alternatives to epidurals are determined on a case by case basis. Sometimes, if a nerve is impinged and epidurals do not relieve the pain, a decompressive surgery (where a nerve goes from being impinged to non-impinged) may be an option.
10. **When can I have an epidural? Why can't I have it today?**

Epidurals are highly specialized procedures that require the use of an x-ray (fluoroscopy) machine, a physician trained to do these procedures, an x-ray technician, and a nurse. In many cases they require insurance authorization as well. Before an epidural, you cannot eat anything for six hours or drink anything for two hours. Because of these reasons, epidurals are done on certain days where several procedures are scheduled for optimum efficiency. A clinic visit is generally done prior to this to review imaging, discuss the epidural in depth, review risks and benefits, and give the patient a chance to ask any questions. This helps the procedure run smoothly.
11. **Why do I need to not eat or drink anything before the epidural?**

Because of the position you will be in during the epidural (face down), there is a small risk of aspiration. This occurs when the contents of the stomach go up the esophagus and then back down the windpipe. The risk of this is greater if IV sedation with Versed (Midazolam) is used.
12. **Why do I need to stop my blood thinner before an epidural?**

Because an epidural involves using a spinal needle, there is an inherent risk of bleeding. If there is significant bleeding in the epidural space this can cause paralysis. This risk increases when a patient is on a blood thinner. Therefore we ask patients to hold their blood thinners for a certain number of days (depending on which blood thinner it is) prior to the epidural. It is the patient's responsibility to obtain permission from the prescribing doctor (usually a cardiologist) to temporarily stop the blood thinner. We ask that this permission be written and faxed to our office, where it becomes part of your chart.
13. **How long does it take for an epidural to take effect?**

It can take up to 5-7 days for you to notice pain relief after the epidural is administered, however many patients report pain relief much sooner.
14. **How long do epidurals last?**

Unfortunately this cannot be predicted. Some patients get no relief from epidurals, whereas others get months or even years of relief from epidurals. Factors that influence this include but are not limited to the type and extent of pathology, length of time of diagnosis, past response to steroids, age and health status.
15. **Why do I need a driver?**

Epidurals use lidocaine, which can temporarily cause the leg to feel numb. This makes it dangerous to drive after the epidural. We recommend asking a friend or family member to drive you and not a taxi, as a taxi driver will not be able to help you get into your home if needed. If you arrive without a driver, you may be asked to reschedule.
16. **How long will it take to do the epidural?**

You will be in our office for about one hour to one and a half hours. This includes check-in, reviewing risks and signing a consent form, performing the epidural, and recovery. The actual epidural takes less than 15 minutes in most cases.

17. My first epidural provided some relief, should I keep my next epidural appointment?

If you are still having pain or functional limitation that is significant, an epidural can be repeated and may further reduce your pain. Remember that epidurals are not done to prevent pain, only to treat it so you should not do another injection if your pain is resolved.

18. What should I do after the epidural?

It is important to take it easy the day of the epidural. Light activities such as walking, shopping, and even working (if it is not too strenuous) are OK. Also it is OK to travel the day of the epidural including plane travel (however avoid driving for at least two hours after the epidural unless you received IV sedation in which case avoid driving until the next day). Avoid soaking or submerging the injection area for 24-48 hours – this includes baths, hot tubs, or pools. Regular showers are OK. The band-aid placed at the injection site may be removed the same day of the epidural.

19. Under what circumstances should I call your office?

Call our office immediately if you experience a severe headache, severe pain in the arm or leg, redness or drainage at the site of the injection, fevers, chills, or weakness that is worse from the time you leave the clinic. These symptoms are very rare. If you feel you require immediate medical care, call 911.

20. Under what circumstances should I cancel my epidural?

The most common reasons for canceling your epidural are if you forgot to stop your blood thinner or if you have an infection (such as a urinary tract infection) regardless of whether or not you are on antibiotics. An epidural can be performed when you have completely recovered from your infection and have had no symptoms (including fever) for 24 hours and your course of antibiotics is finished.

21. Why do I need to arrive 30 minutes prior to my scheduled epidural?

Epidurals involve a thorough check-in procedure which includes verifying the exact procedure and reviewing the risks and benefits of the injection. Also, if IV sedation is desired (which is optional), the nurse will need to place an IV prior to the procedure. Therefore to help ensure our procedures run as smoothly as possible, we ask patients to arrive 30 minutes prior to their scheduled epidural. If you arrive late, you may be asked to reschedule. Please let us know at least 24 hours in advance if you need to reschedule or cancel your procedure. A “no-show” may result in a \$100 fee.