

EPIDURAL STEROID INJECTION

Background Information

This information is provided as background material for your review if you are considering epidural therapy. Please take time to read this information. We look forward to seeing you at the Pacific Pain Medicine Program and reviewing the procedure in more detail during your initial evaluation.

Many conditions cause injury to the nerves of the spine. Some problems include herniated or bulging discs, arthritis, spinal stenosis, osteoporosis, compression fractures, cancer, and shingles. A medical history, a physical exam, and appropriate imaging studies can usually pinpoint the nerves that are injured and causing the pain.

Initial Evaluation

At the Pacific Pain Medicine Program, you will be evaluated by one of our specialists. Your provider will obtain your history concerning your pain and then give you a physical examination. Afterwards, they will discuss your particular problem in detail and the alternatives available to treat the disorder.

The Epidural Injection

An excellent therapy for many types of back or spinal problems (pain in the back, hips, legs, neck, or arms) is an epidural steroid injection. An epidural injection involves the accurate placement of some very potent medicines right where the injured nerve is “damaged” or “pinched.” The primary medicine is a special type of an anti-inflammatory steroid. The goal is to literally soak the injured nerve with this extremely potent anti-inflammatory steroid, hopefully allowing the nerve to recover. The healing usually shrinks the nerve down toward its normal size (injured nerves are usually swollen, inflamed, and very sensitive before the therapy), which should significantly reduce the pain.

If the injection is done in the low back, we often include a special pain-relieving medication called Fentanyl as part of the same injection. This very potent drug works directly on the nerves as a temporary pain reliever. It should make you feel better for the first 4-6 hours after the injection. Your injection will also include the addition of a local anesthetic, which temporarily reduces the pain for 1-3 hours as well. After the pain relievers wear off, you may have your previous pain again as it takes 1-7 days for the anti-inflammatory steroid to work. The goal of an epidural steroid injection is to give long-term pain relief.

There are possible risks with any medical procedure. Our goal is to do the injection meticulously in an appropriate environment so the risks are minimized. It is possible to have mild temporary side-effects from the medicines, but any type of long-term problem is very unlikely. The doctor will discuss the possible risks with you in detail before the injection.

After the Injection

The healing process is not instant and takes approximately 1-7 days to start. For this reason, it is very important to initially let the nerves rest quietly. Please rest, lying down in any position, for the first 48 hours after the injection, getting up only for the necessities (eating, restroom). For the next five days, slowly and gradually increase your activity level, but please do not perform any new activities, exercises, or lifting no matter how well you feel. The nerves remain very fragile for the first 1-2 weeks after the injection. If you are having an injection to the low back, we will usually use an opiate pain reliever medication, Fentanyl, as part of the injection, so please avoid using short acting pain pills including Vicodin, Tylenol #3, Dilaudid,, and Percocet, among others, for six hours before and after the injection. If you are not sure, please ask. Other painkillers that are not opiates can be taken as prescribed without restriction. A nurse will call you 1-2 days before each procedure with instructions on taking your medications as well as any eating or drinking restrictions.

Special Instructions before the Injection

1. You need someone to give you a ride home after the procedure. **YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME AFTER YOUR PROCEDURE.**
2. If you are having an injection to the low back, then please do not take any short acting opiates (including Vicodin, Tylenol with codeine, Dilaudid, and Percocet, among others) at least 6 hours before the injection. This restriction does not apply to neck and upper back injections. **Patients on long acting pain medications (such as a Duragesic patch, Methadone, MS Contin, Opana ER or Oxycontin) should NOT stop these medications.** If you are not sure, please ask. Do not stop your anti-inflammatory medications such as Ibuprofen or Lodine. **Do not stop your anticoagulant medications such as Plavix, Coumadin, Warfarin, Pletal, or Asprin until you are instructed to do so by our office when your injections are being scheduled.** A nurse will call you with specific instructions on when to stop any of these medications, and for how long. **It is imperative that we obtain permission from your Primary Care Physician or Cardiologist before we arrange for you to stop these medications.**
3. The evaluation and injection process can be very time-consuming and includes an observation period after the injection, so please plan on an estimated stay at the Surgery Center, from admission to discharge, of about 1 ½ hours. You are welcome to bring something to read while you are at the center.
4. Please bring to each appointment a list of all your current medications, with dosages. Please be sure to include nonprescription medicines as well.
5. Please call The Pacific Pain Medicine Program with any questions at (760) 941-7336 in Oceanside and (760) 753-1104 in Encinitas.
6. Please call the office at least 24-48 hours before your appointment if you need to cancel or reschedule your injection.

REV 8/11