Epidural Injections for Pain Management

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What is an epidural injection?

An epidural injection is an injection of drugs into the epidural space. The epidural space lies between the dural sheath, which surrounds the spinal cord, and the contents of the spinal canal within the back.

Why perform an epidural injection?

An epidural injection is performed in order to get drugs, such as steroids, as close to the nerve roots as possible. When there is a problem with one of the discs in the spine, it can release irritant substances which cause inflammation of the nerve root, which is why there is pain in the leg. Steroids are injected and these will help to reduce the inflammation of the nerve root, and help to reduce the pain.

This use of steroids is outside the licensed indication for their use. The license of a drug indicates for which treatments the manufacturer can sell it. Doctors are free to use a drug for whatever purpose they consider it appropriate, as long as there is evidence to support that use. The use of epidural steroids has been practiced for many years and it has been shown to be an effective treatment for leg pain due to disc disease. For further information on the use of drugs beyond license, see the publication by the British Pain Society “Using Medicines Beyond Licence – Information for Patients (2005)” which can either be ordered from the Society or downloaded from the website: www.britishpainsociety.org/pdf/book_useofmeds_patient.pdf

Can anyone have an epidural?

Most people can have an epidural. If you have any localised infection, such as a boil on your back, or a generalised infection, the procedure would not be performed until the infection had cleared up.

The procedure is done under X-ray to ensure that the injection is
given in the correct place. If you are female and below the age of 55 you will be asked about the date of your last period, and if it is more than 28 days ago you, will be asked whether you are likely to be pregnant. Although the amount of radiation used is small, there is always a risk to the fetus. Occasionally we may need to ask you to have a pregnancy test.

The procedure cannot be done on anyone who has a problem with their blood clotting. This may be because of haemophilia, but more commonly this is due to taking blood-thinning medication. If you are on blood-thinning medication, for example Warfarin or Clopidogrel (Plavix) you must let us know beforehand so that we can advise you of the options open to you.

What are the risks and complications?

The commonest problems relate to local anaesthetic which may be used. This is injected into the epidural space to confirm that the injection has reached the appropriate nerves, so there may be some numbness and weakness of the legs. Some patients also find difficulty in passing urine until the local anaesthetic has worn off.

Because the local anaesthetic has an effect upon the nerves which supply the blood vessels in the legs, and makes them relax, there may be a fall in blood pressure which is associated with a feeling of faintness and nausea. This can be treated quite easily by giving fluid or drugs to reverse this effect.

Headache may occur in one percent of patients who have a lumbar epidural. This is due to the inadvertent puncture of the dura. It is extremely rare if the caudal route is used (see below).

Infection is always a risk whenever anything is injected into the body, and we take precautions to avoid this by performing the procedure as a fully sterile technique. If an infection does get in it can produce the symptoms of feeling unwell, headache, and stiffness of the neck. This can occur quite soon after the injection.
There is the possibility of an abscess forming in the epidural space, which may occur after two or three days, and would give rise to pain in the back and worsening pain in the legs. Similar symptoms may occur if there is a blood clot within the epidural space. This is more likely to occur if you are taking medicines to thin the blood. Overall, these complications are extremely rare.

However, if you start to suffer from any of these symptoms, you must go and see your doctor or the Accident and Emergency department (A&E) of your local hospital urgently, and inform them that you have had an epidural injection.

How is the procedure performed?

The procedure is performed in the operating theatre or the X-ray department. When you arrive a small needle may be inserted into one of your veins, for safety, so that should any drugs be required, they can be easily given. You will be expected to lie on the table, either on your front or on your side, depending upon the preference of the operator.

Local anaesthetic is injected into the skin and deeper tissues to reduce the discomfort of the procedure. However, when the needle is inserted there will be a feeling of someone pushing in your back, which is normal. The needle may be inserted either in the small of your back (a lumbar epidural) or right at the base of your spine (a caudal epidural). When the operator has put the needle in, X-rays will be taken to confirm that the needle is correctly positioned. When the operator has confirmed that the needle is in the correct place, the injection will be given and the needle removed.

What happens after the procedure?

After the procedure you will go into the recovery area or return to the ward where your blood pressure will be monitored. As local anaesthetic is normally used as part of the injection
technique, you will notice some numbness or weakness of your legs. This is only a temporary problem, which will wear off. The local anaesthetic may also affect your ability to pass urine. Therefore you will not be allowed to go home until you have full sensation in your legs, and have been able to pass urine.

Why you must not drive yourself home
You would not be covered by your insurance to drive a vehicle for a period of 24 hours following your procedure. This is because you may have impaired function or ability to drive safely. Therefore, for your own well-being, we advise that you are collected by a friend or relative.

Hospital transport can only be booked if there is a medical need and you meet the criteria.

What pain might you experience after the procedure?
The amount of pain experienced might become worse for a short period of time. If this occurs, it is not dangerous and should settle over time.

Back at home
You can remove the dressing from the injection site after 24 hours. If you have any queries in relation to your care please contact the Pain Service nurses on: 0121 371 5105 (voicemail), or nurse led appointment enquiries on 0121 371 5110.

For general enquiries or appointments, please contact the secretaries on 0121 371 5100.
Will you be followed up afterwards?

If you are brought in for an epidural through the pain management clinic, a follow up appointment will be arranged for you. If you are admitted from the orthopaedic triage service directly, you will be followed up by the physiotherapy department.

Important information

Please inform the Pain Management Service on 0121 371 5100 if you have:

• A cold/flu
• A high temperature
• A persistent cough
• You are taking a course of antibiotics prior to procedure

Or there has been any significant change in your overall health as this may affect your procedure.

**Failure to do so may result in your procedure being cancelled on the day.**

Medication

• Please take all your prescribed medication as normal prior to your procedure unless you have been otherwise advised
• Please bring a list of all your current medication when you attend for your procedure

Can I eat before I come in?

• If you are advised to starve prior to the procedure, that information will be given with your admission letter. Information will also be given about what medication you can take
The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4957.

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