



PAINLESS

PATIENT FACTSHEET

TITLE

# Epidural Injections for Spinal Nerve Pain

SUMMARY

Spinal nerve pain can't be 'cured' with a procedure, but epidural procedures can provide medium to long term pain relief. This factsheet explains how and why you may consider an epidural injection procedure, as well as the potential risks and recovery requirements.

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## SPINAL NERVE PAIN

Spinal nerve pain occurs when a nerve is damaged, irritated or inflamed within the spinal canal. Nerves exit the spine on both sides at every level of the spinal column. They pass close by to the intervertebral discs – the rubbery padding that lies between each of the vertebrae.

There are various forms of spinal nerve pain. Radiculitis and spinal stenosis are among the most common.

### RADICULITIS

A common cause of nerve pain is a build-up of inflammatory fluid in the space between the nerves and

the discs. The inflammatory fluid irritates the nerves, causing a condition called 'chemical radiculitis', which simply means inflammation of the nerves near the spinal cord.

### SPINAL STENOSIS

A condition called spinal stenosis may also cause nerve pain. Spinal stenosis involves a narrowing of the spinal canal – the tunnel through which the spinal cord travels. This triggers nerve pain extending into the legs, sometimes called sciatica.

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## PROCEDURES FOR SPINAL NERVE PAIN

Spinal nerve pain can't be 'cured' with a procedure, but certain procedures can provide medium to long term pain relief.

This period of pain relief allows you to progress with your physical rehabilitation and lifestyle changes so that

you gain more permanent improvements. The primary pain procedures used for spinal nerve pain are epidural injections.

## EPIDURAL INJECTIONS FOR SPINAL NERVE PAIN

Epidural injections are a class of procedures used to alleviate spinal nerve pain. **These procedures involve an injection of steroid into the epidural space, which is the space inside your spinal canal but outside your spinal cord.** The steroids reduce inflammation of the nerves and discs, providing pain relief.

There are various approaches to epidural injections. These approaches can be used individually or in combination, depending on your condition.

### HOW IT WORKS

1. You are placed under light anaesthetic sedation.
2. Medical imaging and x-ray dye are used to perform an epidurogram. This gives us a clear image of which nerves and discs are inflamed.
3. Needles and catheters are inserted into the epidural space.
4. A local anaesthetic combined with a long-acting steroid is injected.
5. This is repeated for each of the affected areas of the spine.

6. The procedure is complete, and you are moved to the recovery room.

### EFFECTS

The local anaesthetic will numb the area for a few hours. If your pain reduces by 70% (or even 50%), we can make the diagnosis that this percentage of pain is originating from the facet joints and associated muscles.

The steroids will take effect after 24 hours. Their impact will gradually over the following four weeks. The steroids work by reducing inflammation in the affected area. Some people get medium to long term relief – however, this is considered a fortuitous outcome.

### TYPES OF EPIDURAL APPROACHES

#### CAUDAL ENTRY EPIDURALS

A caudal approach is used for lower back pain. We place a needle near the tailbone, then feed a small catheter up to the lumbar (lower back) levels of your spine.

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## DIRECT LUMBAR EPIDURALS

Direct lumbar epidurals are performed only if we cannot do the caudal entry (described above). This approach involves inserting a needle directly into the epidural space in the affected levels of your lumbar spine.

## TRANSFORAMINAL EPIDURALS

Nerves exit the spine on both sides through a hole called the foramen. With a transforaminal approach, we place a needle through the foramen, close to where the nerve exits. We inject the steroids along the nerve root and into the epidural space. Depending on your needs, the injection can be performed on the left side, the right side or both sides of the spine.

## CERVICAL OR THORACIC EPIDURALS

Epidurals performed in the neck or upper back carry high risks. For this reason, we use this procedure only as a last resort.

A posterior approach is the least risky approach to epidural injections in this part of the spine. It involves placing a needle lower down and feeding a small catheter to the affected parts of the thoracic or cervical spine.

## COMBINATION APPROACHES

We often combine caudal entry epidural injections with transforaminal epidural injections. This is particularly beneficial if you have had a transforaminal injection in the past but experienced limited success.

**Pulsed RF neurotomies may also be combined with epidural injections. It is common for people to have**

**both facet joint pain and nerve pain, so a combination of these two approaches allows us to target both pain sources.**

## SIDE EFFECTS & RISKS

Common Side Effects: Local tenderness, bruising or swelling over the needle site. Low blood and facial flushing. Heavy legs or trouble passing urine for several hours. Increased pain for several days (occasionally weeks).

Uncommon Side Effects: Allergies, infections or drug reactions. Some people may experience headaches. This is more likely to happen if the needle goes through the spinal sac and enters the spinal fluid (which happens approximately once every 300 epidurals). If this happens to you, maintain oral fluids, take caffeine and contact your Painless doctor.

Rare Side Effects: The following are very rare but serious complications. If these occur please call our office or the hospital where the procedure was performed. If we are unavailable, go immediately to a hospital emergency department.

1 in 50,000 to 250,000 people experience bowel, bladder or sexual dysfunction, and/or paralysis. This could be due to an epidural haematoma, abscess or spinal cord stroke.

*None of the steroids we use are recommended for epidurals. It is possible that the steroid may inadvertently enter the spinal fluid, which can cause permanent adhesions and pain.*