

THERAPEUTIC EPIDURAL INJECTION

Indication – For the treatment of low back pain especially when there is associated nerve root involvement, i.e., sciatica usually as a result of damage to the intervertebral disc. It is of minimal benefit in mechanical low back pain. An Anaesthetist experienced in the technique performs it.

Procedure – The patient lies curled up on their side. Local anaesthetic is infiltrated under the skin and a longer fine needle (22 gauge) is inserted and the epidural space is located. The space is more difficult to locate in the elderly (because of the degeneration of the spine), the obese and patients with abnormalities of the spine and after previous back surgery. Once the space is located, a long acting depot steroid (triamcinalone) is mixed with 5 mls of saline and injected into the space. This will reduce the oedema (swelling) of the nerve and inflammation of the surrounding tissues. Pain will decrease if due to injury of these tissues, however, if the disc is so badly damaged that it is compressing the nerve (confirmed by CT scan and/or MRI) then surgery may have to be undertaken.

Many large studies have shown excellent results in 60-70% of patients with variable response in the remainder depending on the cause and degree of damage.

Side Effects – Tenderness at the site – as with all injections. Heaviness of the leg especially if local anaesthetic is used to relieve pain if it is severe at the time and may last 1-2 hours. Sometimes flushing of the face is noticed on the 2nd – 3rd days, and may last a couple of days. In about 1-3% of cases, the dura may be pierced by the end of the needle and may result in a “headache” which may last for a couple of days and will respond to lying down and a couple of panadol. Rarely an epidural blood patch may be used if the headache persists.

As in all injections, very rarely infection can occur at the site of the injection.

If you are a diabetic, it may alter your blood sugars for a few days and you should check your sugar levels and alter your medication if necessary.

After Injection – Take it easy. Do normal activities but keep a straight back i.e. no lifting, twisting or bending until the pain has gone from the leg. See your referring Orthopaedic Surgeon two weeks after the injection.

If you have any questions, please ask your Orthopaedic Surgeon or your Anaesthetist, who will be happy to supply further information.

It is not advisable to drive immediately after any procedure.