SPINE PROCEDURE INFORMATION

CENTER FOR PAIN MANAGEMENT - 3200 WESTHILL

LUMBOSACRAL EPIDURAL STEROID INJECTION

Description of procedure: Your doctor has requested this procedure because you have back and/or leg pain. The purpose of this procedure is to provide temporary pain relief. Although this goal is usually achieved, it is impossible to guarantee that your pain will be decreased. The period of relief is variable and unpredictable.

The procedure takes about 30 minutes. You will lie on your stomach on a soft cushion. Your skin will be cleaned with an antiseptic soap, and then numbed with a local anesthetic. Using fluoroscopy, the radiologist will pass a needle into the epidural space (the space that surrounds the nerves and spinal fluid inside the spinal canal). After confirming correct needle position using an x-ray dye, the anesthetic medication will be injected. During injection, you may feel pressure or tingling in your back or legs. These sensations can last several seconds.

Two different medications are injected at the same time. A short-acting anesthetic agent (similar to lidocaine) is injected. If your pain is relieved immediately following the procedure, it will come back after this anesthetic agent wears off (about 4-5 hours). An anti-inflammatory steroid is injected for longer pain relief, and begins working after 1-2 days. Until the steroid reaches maximum effectiveness (5-7 days), do not perform heavy activity. The duration of relief depends on many factors, including the severity and reversibility of your condition. You will receive a discharge sheet as well as a pain diary to chart the changes in your symptoms.

After the epidural injection, the short-acting anesthetic agent can make your legs feel numb or weak. You should minimize activity for 4-5 hours, then resume routine daily activities as tolerated. You must be careful not to trip and fall. You should not drive a car until your legs feel normal. You can leave the hospital immediately if you have someone who can help you. If you have questions or concerns, please call your doctor or one of the musculoskeletal radiologists.

Risks associated with this procedure: Complications are infrequent but possible. Pain may be worsened after the procedure. The needle may cause local bleeding or rarely infection. Other risks include allergic or adverse reaction to the x-ray dye or medications, and arachnoiditis (inflammation around nerve roots). Some patients develop leg weakness until the short-acting anesthetic agent wears off. Accidental needle placement into the space that contains spinal fluid may necessitate termination of the procedure and rescheduling.

Before your procedure, a radiologist will answer any questions.

IMPORTANT:

• Are you allergic to x-ray dye (contains iodine)?	Yes	No
• Do you have diabetes?	Yes	No
• Do you take coumadin or another blood thinner?	Yes	No
• Are you being treated for an infection?	Yes	No
• Is it possible that you are pregnant?	Yes	No
Patient	DOB	
Patient Signature		
Date		