

Epidural Steroid Injection

Your doctor has scheduled you for an epidural steroid injection (ESI). The epidural space is located within the spinal canal just outside the dural membrane surrounding the spinal cord, nerve roots and spinal fluid. An ESI is a nonsurgical treatment used to reduce pain associated with disc herniation, degenerative disc disease, and spinal stenosis. These disorders can generate proteins and other chemicals that produce inflammation and swelling of the spinal nerves. Steroids (corticosteroids) are potent inhibitors of these pain-producing inflammatory chemicals.

HOW SHOULD I PREPARE FOR THE PROCEDURE?

1. You may eat and drink as normal unless otherwise directed by your physician.
2. Epidural steroid injection is generally not performed during pregnancy because of the risk of embryo/fetal injury. Advise the technologist if you are, or may be, pregnant.
3. Discontinue all anti-coagulants; including: **Coumadin (Warfarin), Plavix (Clopidogrel), Ticlid (Ticlopidine), Pletal (Cilostazol), Pradaxa (Dabigatran), Xarelto (Rivaroxaban), Brilinta (Ticagrelor), Effient (Prasugrel)**, with permission from the prescribing physician for 5 days prior to the procedure. If you take Coumadin (Warfarin), a Prothrombin Time (PT) and INR will be obtained here at the clinic before the injection.
4. Discontinue low-molecular weight heparin therapy with **Lovenox (Enoxaparin), Fragmin (Dalteparin), Normiflo (Ardeparin), or Orgaran (Danaparoid)** with permission from the prescribing physician for 24 hours prior to the injection.
5. **Arrange for someone to drive you home after the procedure.**

HOW IS THE INJECTION PERFORMED?

Following an explanation of the procedure, you will sign a consent form indicating you understand the benefits and risks of an epidural steroid injection. Prior to the injection, your skin is cleansed with antiseptic soap and numbed with local anesthetic. The physician uses fluoroscopy to accurately place a needle in the epidural space. Steroid medication is then injected. The procedure typically takes 10-15 minutes. Following the injection, you will be observed before being discharged. You should rest at home the remainder of the day.

WHAT ARE THE BENEFITS?

Approximately 75% of patients experience significant pain relief from the steroid medication. Reduction of pain typically begins 2-3 days after the injection. The duration of pain relief is quite variable, lasting from 1 week to a year or more. Although temporary, the relief from severe pain may be adequate to allow patients to begin or resume physical therapy. Long term pain relief is more successful in patients involved in a regular program of physical therapy.

WHAT ARE THE POTENTIAL RISKS AND SIDE EFFECTS?

As with all invasive procedures, there are potential risks associated with epidural steroid injections. Complications are uncommon but include:

1. **Infection:** Minor skin infections may occur in 1% of patients. Severe infections, such as meningitis, are rare.
2. **Bleeding:** Bleeding is a rare complication and is more common in patients taking anticoagulants, such as Coumadin/Warfarin and Lovenox, or antiplatelet drugs such as Plavix and Ticlid.
3. **Nerve damage:** Extremely rare but can occur due to trauma from the needle, infection, and bleeding.
4. **Dural puncture:** Occurs in 0.5% of injections and may cause a dural puncture (spinal) headache. These usually resolve in a few days; if not, please call our office.
5. **High blood sugar:** May occur in diabetics.
6. **High blood pressure:** May occur in patients with pre-existing hypertension.

If you have any questions, side effects or complications, you should call our office at 615-356-3999.

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