EPIDURAL STEROID INJECTIONS

1. **Who should get this injection?** Any patient with complaints of back pain or sciatica (pain radiating down their leg) may be a candidate for epidural injections.

2. **What is an epidural steroid injection?** It is an injection of a long acting steroid (depmethylpredisone) into the spinal canal in the neck or low back.

3. **Why is steroid injected?** It is well known that at least part of the cause of the pain from a herniated disk is due to a severe inflammatory reaction. These medications help to reduce inflammation, shrink the disk hernation, and reduce any nerve irritation which may exist.

4. **Where is the steroid injected?** The medication is injected in an area called the epidural space. This is the area between the nerves and disks. The medication therefore bathes these structures to help reduce what is causing the pain.

5. **How many injections may a patient receive?** If the first treatment completely relieves the pain, then no further treatments may be required. Most patients receive between 2 or 3 treatments, every 2 weeks or so, until maximum benefit has been achieved.

6. **How long an interval are there between injections?** There is always a follow visit after each treatment, to evaluate for benefit. If a second treatment is needed, it would be performed 2-3 weeks later. Performing subsequent treatments promotes additive benefit, and waiting too long (over a month) between treatments is not recommended.

7. **How effective are epidural steroid injections?** A majority of patients will benefit from epidural steroid injections initially, and 50-60% will have long term relief. Unfortunately there is no way of predicting which patients will benefit from the treatments. Although this is not the norm, I have had some patients with large disk herniations improve greatly, which others with smaller ones get less benefit. However, these treatments are just one of many which can be used to correctly diagnose the problem and lead to long term benefit.

8. **Why not just take pills?** Epidural injections are more effective that taking oral medication. By placing a potent anti-inflammatory medication right where the problem is, the problem is treated more effectively. Oral *NSAIDS* (motrin- ibuprofin, advil, aleve etc) must be taken for long period of time. These can have negative effects on the stomach (gastritis, ulcers), kidneys, and liver. A few epidural injections, in this regard, are actually less risky.
9. **Is it safe?** I have performed thousands of epidural injections in my 15 years of practice without any serious adverse effects. Common effects include a possible temporary (1-2 day) increase in the pain, or at the injection site; A headache can occur on occasion, requiring rest and/or other therapies. Patients with insulin depend diabetes may experience an increase their blood sugar. There are however alternative medications that can be used for patients with poorly controlled diabetes.

10. **When should I NOT get this injection?** Contradictions to receiving this injection include: fever, injection, having a bleeding problem or being on blood thinners; or when you are pregnant.

11. **Where are these treatments perfomed?** Epidural injections may be performed in an ambulatory surgery center or outpatient area in a hospital. They are performed in an operating room, under sterile conditions. Fluoroscopy is used to direct the medication to the specific spinal level and side effect, to obtain the best result.

12. **Will I have pain during the injection?** No, most (although not all) patients prefer to have anesthesia during the treatment. Patients receive short acting medication that makes them sleepy for about 5-10 minutes. Shortly thereafter, you are brought to the recovery room, and are surprisingly wide awake in no time. You will receive something light to eat and drink in about 15 minutes after the procedure.

13. **Can I drive myself home?** No you cannot drive the day of the injection. This is due to the lingering effects of the anesthesia, more so than the epidural injection.

14. **How do I prepare?** You cannot eat for 8 hours prior to the procedure. If it is being done in the morning, that means no food after midnight. If it is being done in the afternoon, then a light breakfast at 8am is OK. You should stop aspirin and any other blood thinners for 5 days before the treatment. It is OK to take blood pressure or other medication with a small sip of water in the morning. If you take oral diabetes medication, bring it with you to take after the procedure.

15. **What specific conditions are treated with epidural injections?** Epidural injections have been used to treat many different types of conditions which may cause neck/back and extremity pain. These include neck and back disk herniations, degenerative disk disease, nerve impingement (leading to sciatica), spinal stenosis, and vertebral compression fractures.

16. **Are these the only treatments available?** No, there are many different types of treatments performed for various pain producing conditions in the neck and back. A comprehensive program can determine what is causing the condition, and state of the art therapies exist with to ultimate goal being to obtain permanent benefit.