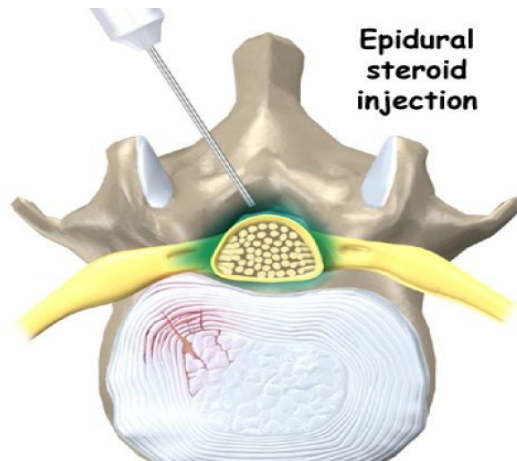


EPIDURAL/NERVE ROOT BLOCK INJECTION

Patient Information Sheet



Introduction

Epidural injections are used to treat neck, back, arm & leg pain, depending on which level the needle is placed & exactly where in the epidural space.

The **four** main types of spinal treatments are:

1. An **interlaminar** epidural is used to mainly treat the lower back at a specific level.
2. A **caudal epidural** is used to treat back pain & sciatica & targets multiple levels at once. This procedure is therefore useful in patients who have multiple levels that contribute to their pain.
3. A **transforaminal** epidural is when the injection is delivered to a specific nerve root to assist in relieving sciatica & is similar to a selective nerve root block or perineural injection.
4. A **nerve root block** is an injection around the nerve exiting the spinal canal. It is similar to a transforaminal epidural.



Preparation

CEASE BLOOD THINNERS 7 DAYS PRIOR TO PROCEDURE

Blood thinning medication **MUST** be ceased prior to this procedure being done. Please discuss with your GP. Xeralto, Plavix and Iscover for 7 days

WARAFIN – INR MUST be checked the morning of the procedure & be below 1.4, therefore it needs to be ceased at your doctors discretion, usually 5 days prior to the procedure being done. You may need to have alternative blood thinning medication so please discuss this with your doctor.

Your GP will tell you when to stop Warfarin and when to restart it.

You will need a responsible person to drive you home following the procedure.

Risks

Risks of spinal procedures are rare & include:

Infection: Most of these are minor (1-2%), however can be serious (<0.1%) requiring hospitalization, intravenous antibiotics and surgery. Signs of infection may include headache, fever, redness and/or pain around the site of injection, or generalized malaise.

Bleeding: This is fortunately also rare & common in patients with bleeding disorders and on “blood thinning” medication.

Nerve damage: From direct needle trauma, or as a consequence of the above mentioned complications.

Dural puncture: This is when the needle penetrates into the sac encasing the nerves within the spinal canal, causing leakage of cerebrospinal fluid (CSF) contained within the sac. The risk of this occurring is approximately 1% & is treated with flat bed rest for four hours.

IMPORTANT INFORMATION TO TELL YOUR DOCTOR PRIOR TO TREATMENT

Serious side effects are rare, however if you have an existing condition, this must be discussed with your referring doctor before having treatment. People with local skin or systemic infections are at a greater risk of having an infection spreading into the spine after spinal injection treatment. Therefore, if you have a skin infection, which may include wounds, boils or rashes, please tell your doctor or arrange to have the procedure performed at a later date.

Procedure

A series of planning images are performed, with the area of needle entry planned on the computer terminal & then marked on your skin. The radiologist will then clean your skin with an antiseptic wash & inject local anaesthetic into the injection site. This results in a stinging sensation which is temporary until the skin becomes numb, usually taking 10-30 seconds.

A fine needle is then passed through the skin & tissues, constantly manipulated under CT guidance until it enters the intended epidural space.

Contrast is then injected to confirm the correct depth of the needle, which may result in transient back pain. Once confirmed, a mixture of cortisone and local anaesthetic is injected, which often results in an increased pressure sensation within the back and/or leg pain, usually described as a burning sensation.

The cortisone decreases the inflammation in the epidural space which may be responsible for your symptoms.

Following the procedure

At most, you will feel some minor discomfort in the back. As local anaesthetic has been injected into the spine, most patients will be pain free, however the local anaesthetic that has also been administered into the epidural space frequently comes into contact with adjacent nerves & may result in your arm or leg (depending on whether the nerves in the neck or lower back have been injected) feeling numb, heavy, clumsy, weak or even cold. This usually reverses in approximately 20-40 minutes.



You should not drive for the rest of the day. The following day you may return to work & gradually increase your activities.

Follow up

The radiologist conducting the spinal injection will send your referring doctor a report.

Please contact us on 03 5264 8838 one week following the procedure to let us know if your symptoms have improved.

Whilst every effort is made to keep your appointment time, the special needs of complex cases, elderly & frail patients can cause unexpected delays. Your consideration & patience in these circumstances is appreciated.

There is an out of pocket fee with this procedure, which is not covered by Medicare, Private Health, TAC or WorkCover. You will be advised of the fee when you make your appointment and payment is to be made on the day of your examination.