



## **Institute for Low Back and Neck Care**

*Physicians dedicated to relieving pain  
and improving function*



For any questions, please call your  
physician's medical secretary at  
952-814-6600.

## ***Lumbar*** **Interlaminar Epidural Steroid Injection**



## Introduction

Epidural steroid injection involves the placement of steroid medication and an anesthetic numbing medication in the epidural space. This injection may help to decrease low back and/or leg pain that is caused by the inflammation of one or more compressed or inflamed spinal nerves.

### The Epidural Space

The epidural space is located inside the bony spinal canal but outside the thecal sac, which is the tube that holds the spinal fluid. This space extends from the base of the skull to the sacrum (at the base of the spine).

### How the injection works

The local anesthetic may provide short-term relief of the pain, and therefore, help the physician diagnose a cause for the pain.

Steroids are potent medications that can reduce inflammation and swelling. Once the inflammation is reduced, the blood supply and nourishment to the area can be increased and hopefully, the patient will be more comfortable.

Epidural steroid injections are not considered a cure, but some patients report short and long term relief of their pain. The steroid usually starts to work in 2-3 weeks after the injection. The pain relief varies for each individual from no relief to long-term relief of pain. A patient can have up to 3 or 4 steroid injections per year, depending on the amount of steroid used.

## The Procedure

In the prone (laying face down) position, with a pillow underneath the abdomen, the level and location for the injection are viewed using fluoroscopic (x-ray) guidance. The skin is anesthetized and a thin needle is advanced under fluoroscopic guidance to the appropriate location for epidural injection. This placement is confirmed with injection of a small volume of contrast solution, which can be seen under x-ray. This proves that the medication will flow to the appropriate region. A small volume of anesthetic with steroid (usually triamcinolone) solution is then injected. The patient then returns to the recovery area for approximately 20 minutes.

### Preparing for the Epidural Steroid Injection

- There are no special dietary instructions for this procedure.
- While the procedure may take less than 30 minutes, you will need to allow for at least 1-2 hours at the procedure center.
- You need to arrange for a driver to be present for the entire time you are at the facility. If you do not have a driver with you, your procedure may have to be rescheduled. If you use a taxi or volunteer ride service, you still must have a responsible adult with you in order to help take care of you after your procedure.
- If you are taking prescription blood thinners such as Coumadin (warfarin), Plavix (clopidogrel bisulfate), or Ticlid (ticlopidine), please inform your doctor's medical secretary. These medications will need to be stopped before the procedure, but only after you receive permission from the doctor which is prescribing these medications.
- Also inform your doctor's medical secretary if you are on high doses of aspirin (more than 2 per day).
- If you develop a fever, night sweats, or an active infection, your procedure will need to be rescheduled. Please contact our office at **952-814-6600** immediately to inform us of your change in condition.

**Remember that your usual pain may go away for a few hours, but after the local anesthetic wears off, it is normal for your pain to return. You may also have some temporary discomfort at the puncture site. The full effects of the steroid may take 2 days to 2 weeks to work, and its lasting effects vary from person to person.**

### Possible Side Effects of the Steroid

Possible side effects include facial flushing, fluid retention, insomnia, low-grade fever, temporary changes with menstruation, and headache. These side effects usually are minimal and resolve 1-3 days after the procedure. If you have diabetes, your blood sugars may be temporarily elevated.

## After the Injection

**Follow the specific instructions given to you by the nurses at the procedure center.**

- Plan to rest for the remainder of the day. You may resume activity as tolerated by the level of your comfort. Do not overexert yourself the first day.
- For discomfort, apply ice packs to the area for 15 minutes several times a day.
- Soreness may be present from the needle placement for 1-2 days. If a local anesthetic was injected, you may feel a numbing sensation in your legs for a few hours. You should be careful when walking until the numbing sensation is gone.
- Do not soak in a hot tub for 24 hours after the procedure. You may take showers.
- Report any signs of infection or unusual symptoms including redness and warmth at the injection site, increasing pain, swelling, drainage, chills, night sweats, or fever above 100° F.
- If you develop a headache, stay quiet with your head and body flat, drink plenty of fluids, and take Tylenol (acetaminophen) or your prescribed pain medication. If your headache persists beyond 12 hours or is noticeably increased by standing upright, it may be an indication of a spinal leak and our office should be notified. This is very rare. Usually, in this event, the circumstances are self-limiting and resolve in time without additional treatment.

### Potential Risk of Epidural Steroid Injection

The risks are quite minimal, but are similar to any procedure involving a needle placement. These include, but are not limited to:

- Allergic reaction to the anesthetic, steroid, or contrast dye (be sure to inform us before the injection if you have any known allergies).
- Needle injury to a blood vessel that may bleed.
- Irritation of injected structure, which could cause worsening pain.
- Needle injury to nerve root, which may cause pain or lasting injury.
- Inability to complete injection due to technically or anatomically not being able to place the needle at the desired target.
- Infection.
- Needle puncture of the spinal fluid tube causing a spinal fluid leak. This could cause a spinal headache, and if not resolved by bed rest, it may require specific treatment.