



Improving Quality of Life

Therapeutic Pain Management Medical Clinic
Redding Anesthesia Associates Medical Group

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Epidural Steroid Injection FAQs

The following Frequently Asked Questions and the answers are for the Lumbar Epidural Steroid Injection. It is one of the most common procedures performed in this pain clinic. **The following material is given as general information only, and is not to be considered as medical advice or consultation.** The information is prepared by Dr. Dhruva, one of the TPM physicians, who himself has undergone Lumbar Epidural Steroid Injections in the past.

What is an Epidural Steroid Injection?

Epidural Steroid Injection is an injection of long lasting steroid ("cortisone") in the Epidural space – that is the area, which surrounds the spinal cord and the nerves coming out of it.

What is the purpose of it?

The steroid injected reduces the inflammation and/or swelling of nerves in the Epidural space. This may in turn reduce pain, tingling & numbness and other symptoms caused by nerve inflammation / irritation or swelling.

How long does the injection take?

The actual injection takes only a few minutes.

What is actually injected?

The injection consists of a mixture of local anesthetic (like lidocaine or bupivacaine) and the steroid medication (triamcinolone – Kanalog® or methylprednisolone – Depo-Medrol® or Celeston-Soluspan).

Will the injection hurt?

The procedure involves inserting a needle through skin and deeper tissues (like a "tetanus shot"). So, there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle prior to inserting the Epidural needle. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easy to tolerate.

Will I be "put out" for this procedure?

No. This procedure is done under local anesthesia. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easy to tolerate. The amount of sedation given generally depends upon the patient tolerance.



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How is the injection performed?

It is done either with the patient sitting up (for Neck) or laying on the stomach (for back). The patients are monitored with EKG, blood pressure cuff and blood oxygen-monitoring device. The skin is cleaned with antiseptic solution and then the injection is carried out. After the injection, you are placed on your back or on your side.

What should I expect after the injection?

Immediately after the injection, you may feel your legs slightly heavy and may be numb. Also, you may notice that your pain may be gone or quite less. This is due to the local anesthetic injected. This will last only for a few hours. Your pain will return and you may have a "sore back" for a day or two. This is due to the mechanical process of needle insertion as well as initial irritation from the steroid itself. You should start noticing pain relief starting the 3rd day or so.

What should I do after the procedure?

You should have a ride home. We advise the patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you.

Can I go to work to work the next day?

Unless there are complications, you should be able to return to your work the next day. The most common thing you may feel is sore back.

How long the effect of the medication last?

The immediate effect is usually from the local anesthetic injected. This wears off in a few hours. The cortisone starts working in about 3 to 5 days and its effect can last for several days to a few months.

How many injections do I need to have?

If the first injection does not relieve your symptoms in about a week to two weeks, you may be recommended to have one more injection. If you respond to the injections and still have residual pain, you may be recommended for a third injection

Can I have more than three injections?

In a six-month period, we generally do not perform more than three injections. This is because the medication injected lasts for about six months. If three injections have not helped you much, it is very unlikely that you will get any further benefit from more injections. Also, giving more injections will increase the likelihood of side effects from cortisone. In general, you should get at least 50% relief of your radicular pain for at least six weeks or longer, accompanied by improved activities and reduction in the use of medications to consider a repeat procedure.



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Will the Epidural Steroid Injection help me?

It is very difficult to predict if the injection will indeed help you or not. Generally speaking, the patients who have “radicular symptoms” (like sciatica) respond better to the injections than the patients who have only back pain. Similarly, the patients with a recent onset of pain may respond much better than the ones with a long standing pain. Also, the patients with back pain mainly due to bony abnormality may not respond adequately.

What are the risks and side effects?

Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain – which is temporary. The other risk involve spinal puncture with headaches, infection, bleeding inside the Epidural space with nerve damage, worsening of symptoms etc. The other risks are related to the side effects of cortisone: These include weight gain, increase in blood sugar (mainly in diabetics), water retention, suppression of body’s own natural production of cortisone etc. Fortunately, the serious side effects and complications are uncommon.

Who should not have this injection?

If you are allergic to any of the medications to be injected, if you are on a blood thinning medication (e.g. Plavix, Coumadin, Pradaxa, Effient, Xarelto), or if you have an active infection going on, you should not have the injection.