

## What are the risks?

An epidural injection for chronic back pain is commonly performed and generally safe. For most people, the benefits in terms of pain relief are greater than any disadvantages. However, all medical procedures carry an element of risk. This can be divided into the risk of side-effects and the risk of complications.

### Side-effects

These are the unwanted but temporary effects of a successful treatment. After an epidural injection you may feel numbness and weakness in your back and legs. You may feel sore at the site of the injection for the first 24 hours or so and your symptoms of back pain may actually get temporarily worse, before they begin to get better. You may have a headache for a day or two.

Although the injection often contains a steroid, this does not pass into the circulation in large quantities, so you are unlikely to experience the side-effects sometimes associated with steroid tablets, such as nausea.

### Complications

This is when problems occur during or after the procedure. Most people are not affected. A possible complication of any

injection into the spine is that the treatment reaches unintended parts of the spinal cord. This can cause a drop in your blood pressure or widespread numbness.

Your doctor monitors you constantly and will be able to notice this quickly, and provide appropriate care.

The main complications specific to epidural injections are listed here.

- Possible difficulty in passing urine immediately after treatment. You may need a temporary catheter.
- Very rarely the epidural needle can nick the protective covering of the spinal cord, causing fluid to leak from around the cord. This can cause severe headaches lasting up to a week.
- Infection. This is uncommon because the skin is cleaned before the sterile needle is inserted. However, if you develop a high temperature or fever, contact the hospital immediately.
- Bleeding. There are many blood vessels around the spinal cord and there is a risk the epidural needle may puncture one. This may require further surgery.
- It's important to realise that epidural injections do not work for every patient. Some people find their back pain recurs, for others it doesn't.

The chance of complications depends on the exact type of treatment you are having and other factors such as your general health. Ask your doctor to explain how these risks apply to you.

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## Patient information Epidural injection for chronic back pain

This leaflet provides some information about having an epidural injection for chronic back pain. The treatment described here may be adapted to meet your individual medical needs, so it's important to follow your doctor's advice.

Please raise any concerns or questions with your doctor or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

### What's an epidural injection?

"Epidural" refers to the space surrounding the outer protective covering of the spinal cord.

For some people, an injection into the epidural space can help to relieve back pain or sciatica (shooting pain from the back down one or both legs) at least in the short-term. This period of pain relief may allow them to become more active. Keeping active is crucial to recovery from chronic back pain.

The epidural injection for chronic back pain consists of a steroid, a local anaesthetic or a combination of the two. These drugs are put into the epidural space using a special needle. The position of the injection

depends on which spinal nerves are responsible for the pain. This is usually in the lumbar region of the back (below the level of your lowest rib).

It can take up to a week for the full benefits of an epidural injection to be felt. The effects of a successful injection can last anything from a few weeks to several months. Repeat injections (usually up to a maximum of three) to the same area of the back may be given over a six-month period.

The procedure is routinely carried out as a day-case, with no overnight stay.

The injection is usually given under a local anaesthetic. This means you will stay awake during the procedure, but you may be offered a sedative to help you relax. For more information, please see the separate Spire Healthcare patient information leaflet *Having a local anaesthetic or sedation*.

Your doctor will explain the benefits and risks of having an epidural injection for chronic back pain, and will also discuss the alternatives to the treatment.

### **Steroids**

Steroids are drugs that reduce inflammation. Giving steroids by epidural injection to relieve chronic back pain and sciatica has not been formally licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). Doctors commonly prescribe medicines in this “off-label” way in both NHS and private hospitals, but you should be aware that this is the case before the medicine is given. For more information, please see the separate Spire Healthcare patient information leaflet *Unlicensed and off-label medicines*.

### **Preparing for your procedure**

The hospital will send you a pre-admission questionnaire. Your answers help hospital staff to plan your care by taking into account your medical history and any previous experience of hospital treatment. You will be asked to fill in this questionnaire and return it within three days.

If you normally take medication (eg tablets for blood pressure), continue to take this as usual, unless your doctor specifically tells you not to. If you are unsure about taking your medication, please contact the hospital.

Before you come into hospital, you will be asked to follow some instructions.

- Have a bath or shower at home on the day of your admission.
- Remove any make-up, nail varnish and jewellery. Rings and earrings that you prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions given in your admission letter. Typically, you must not eat or drink for six hours before sedation. However, you may be allowed occasional sips of water until two hours beforehand.

At the hospital, your nurse will explain how you will be cared for during your stay. Your doctor will usually visit you before your treatment. This is a good time to ask any unanswered questions.

### **Consent**

If you are happy to proceed with the epidural injection, you will be asked to sign a consent form. This confirms that you have given permission for the treatment to go ahead.

You need to know about the possible side-effects and complications of this procedure in order to give your consent. Please see the back of this leaflet for more information about these.

### **What to expect**

In a private room or cubicle, you will be asked to change into a hospital gown which opens at the back.

The treatment is usually given in an operating theatre or in the X-ray department. Before the procedure begins,

you will have a small plastic tube (cannula) placed in a vein in the back of your hand. This can be used to give you sedatives, or other medicines if necessary, during the procedure. If sedative drugs are given, you will feel relaxed and drowsy quickly.

You will be helped onto your side on an X-ray table. Your skin will be cleaned at the site of the injection with a sterile antiseptic wipe. Local anaesthetic will be injected into the skin so that you don't feel the epidural needle going into your skin. During the procedure, your doctor will take X-ray pictures to ensure the needle is correctly placed in the epidural space. The procedure can be uncomfortable because it is being given in an area that is already painful.

The treatment usually takes 10 to 20 minutes to complete. Afterwards, the needle is removed and the site is covered with plasters or a dressing.

### **After the procedure**

You may be taken to a recovery room, where your blood pressure and heart rate will be monitored and the effects of the epidural checked.

After this, you will be taken back to your room or the day-care ward where you'll need to rest on your bed for a couple of hours. If you have had a sedative, you may doze off during this time. If you feel sore, painkillers will be available to help with this.

### **Going home**

When you feel ready, you'll be able to go home. Ideally you'll have to be able to pass urine before you go home.

If you have had a sedative, you will need to arrange for someone to drive you home and then stay with you for the first 24 hours.

Before you leave, your nurse will give you a contact telephone number for the hospital and a date for a follow-up appointment. This is usually two to six weeks later.

### **After your return home**

If you need them, continue taking painkillers as advised by the hospital. Sedatives can temporarily affect your co-ordination and reasoning skills, so you should not drive, drink alcohol, operate machinery or sign legal documents until your doctor tells you that it is safe. This will be at least 24 hours after your procedure. If you are in doubt about driving, please contact your motor insurer so that you are aware of their recommendations, and always follow your doctor's advice.

You should rest your back for 48 hours to allow the treatment to take effect. This means that you should take it easy, but you shouldn't stay in bed. Try to do some light exercise, such as walking, this will help reduce discomfort.

Follow your doctor's advice about returning to work. Expect to take one or two days off.