What are the potential risks with an epidural injection?

As with any invasive procedure there is the risk of infection and bleeding at the injection site. There is also a chance of experiencing a spinal headache.

What should I expect following this procedure?

In most patients, pain relief will be noted in two to seven days. It is common to have localized pain at the site of the injection for one to five days. There exists the possibility of an increase in low back and leg pain until the steroids take effect and pain relief is experienced. This procedure is most effective when combined with other methods to control pain which may include physical therapy, medication management, weight loss, smoking cessation and other recommended interventions.



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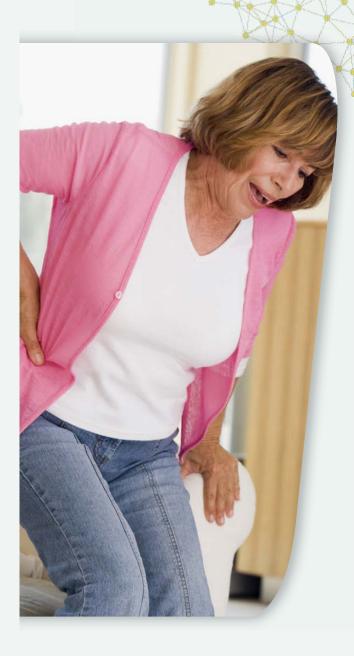
Epidural Injections

A multidisciplinary practice dedicated to the relief of pain.









Why do I need an epidural injection?

When symptoms of pain are the result of spinal problems an epidural injection may be considered. The pain may be the result of an injury, an accident, surgery or normal age related degeneration of the spine. The pain can present in the neck (Cervical Spine), the mid back (Thoracic Spine) or the low back (Lumbar Spine). Different approaches can be used to inject into the spine (Transforaminal, Caudal, Intralaminor). Typically, epidural steroid injections are most commonly used to treat disc herniations and spinal stenosis.

How does an epidural injection work?

When the spine is injured, diseased or degenerated, mechanical and chemical changes can course inflammation and swelling of the nerve. The injection of a numbing medication (local anesthetic) or saline combined with a steroid can be used to reduce the inflammation. The injection treatment usually is done in a series of three injections. If relief is not obtained after two injection treatments other treatment options are usually considered.

How is an epidural injection performed?

A number of different approaches are used to perform epidural steroid injections depending upon the specific problem that is present. You may or may not receive sedation. During this procedure the patient is positioned on an x-ray table. If fluoroscopy is not deemed necessary or not available the patient may be positioned in a sitting position at the bedside. The skin is then frozen with a local anesthetic and the needle is inserted into the proper position. Fluoroscopy is used to place the needle precisely. The injection is then performed.