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## **Epidural Injection**

The epidural space lays between the vertebral canal and the dural sac which is a membrane like cling film which encases the spinal cord and nerve. An epidural involves placing a needle into this space and injected local anaesthetic and steroid. The aim of the injection is to reduce the inflammation around the nerves in that area.

An epidural steroid injection is typically used to treat radiating pain from the lower back into the legs secondary to stenosis or disc prolapse.

**Before the procedure:** it is usually done as an out-patient treatment under local anaesthetic, although sometimes sedation can be used. If you take blood thinning medication, please let my secretary know as I will need to know as well as the radiologist if it is done by them. We will need to work out, depending on which medication you take, with regards to how many days it needs to be stopped before the injection can be performed

**During the procedure:** you will be laying on your front on an x-ray table. The skin in the area will be cleaned and then an injection of local anaesthetic inserted into the skin and a needle will then be placed through the skin down towards the epidural space, near your coccyx. Once the needle appears to be in the appropriate position then some radiographic dye will be injected down the needle to confirm this. Once this is confirmed then steroid and local anaesthetic will be injected. The procedure will take between five to fifteen minutes.

After the procedure: if done as an out-patient then you will be free to go home once everyone is happy. It is important that you have someone to take you home as you will not be able to drive. You should rest for the rest of the day. Normal activities can be commenced the following day.

The risks from this procedure are infection, haematoma, nerve injury, leakage of spinal fluid and spinal anaesthesia (loss of control of bladder for six hours). The treating surgeon will want to see you in clinic approximately four weeks after the injection.