

Patient Information - Cervical Epidural Injection

What is an epidural injection?

An epidural is an injection into an area of your back that surrounds the spinal cord, in this case the cervical (neck) region. The procedure is usually performed to help reduce neck, shoulder or arm pain that is thought to arise from irritation of nerves in the spine. A local anaesthetic and steroid will be injected. This will bathe the nerve roots and minimise inflammation (tissue response to irritation) which may have an effect on your pain.

Benefits

Pain secondary to inflammation in the spine can be relieved by this injection.

The benefit of a cervical epidural injection lies in the improvement that occurs when you are able to use your neck and arms in a more normal way, once the pain is controlled. Exercise and physiotherapy can be more effective after an epidural.

Risks

Unfortunately no procedure is risk free. There may be some temporary discomfort at the site of injection, infection and bruising. There is a possibility that you may have an allergic reaction to the drugs used. Less common side-effects include head ache, arm weakness and numbness of hands. A more serious problem is the risk of convulsions if the drug is deposited in a blood vessel that carries blood directly to the brain. The problem however is very rare but it can mean having to stay in hospital overnight. Very rare side-effects include nerve-damage, spinal cord damage and infection resulting in permanent neurological problems including quadriplegia (inability to feel or move the the body).

Before the procedure

- You will have the treatment as a day case.
- You will be sent an appointment to attend the surgical day unit
- You are advised not to eat or drink for about 4 hours prior to the planned procedure
- You should arrange for someone to drive you home after the procedure
- Your stay may vary between two to four hours
- Please bring a list of your current medications with you. If you are on medicines such as warfarin or clopidogrel please do inform the doctor. After liaising with the doctor, these blood thinning medicines need to be temporarily stopped prior to the procedure. If you were on warfarin you will have to undergo a blood test in the morning to ensure your blood clots normally.
- You will be asked to undress and put on a theatre gown (you can leave your underwear on)
- Your doctor will discuss the procedure with you and ask you to sign a consent form. As the procedure involves the use of x-rays female patients will be asked

for details of their last menstrual period. If there is any possibility that you may be pregnant please inform the doctor or nurse.

The procedure

- The procedure is carried out under x-ray screening. This allows the doctor to identify the specific level to be treated.
- Once you are in the correct position (lying on the side) the doctor will clean your neck with an antiseptic solution which may feel cold
- A local anaesthetic will be injected at the site of the procedure. This may sting initially before the skin goes numb.
- It is important that you keep still during the procedure as the epidural needle will be carefully inserted into a delicate space. When the epidural injection takes place you may feel a pushing sensation or some discomfort. A contrast (a dye-solution which shows up under x-ray) is injected to confirm the position of needle.
- The local-anaesthetic and steroid will then be injected into the epidural space and a feeling of tightness may be felt.
- A small dressing will be placed over the needle insertion site. This can be removed in the evening

Following the procedure

- After the procedure you will be taken to an area to recover.
- You will be asked to lay on the trolley for a short period and the nursing staff will assist you to sit up
- The nursing staff will observe you before going home.
- Please be careful when you first get out of the trolley – some may feel light-headed; ensure you are steady on your feet.
- Take your regular medication and pain killers as normal.
- There can be an initial exacerbation of discomfort before you start experiencing the pain relief. Rarely you may also develop severe headache. During this period, you may need to increase your pain killers or require stronger pain killers. Please see your GP or contact your doctor if current pain medicines are inadequate.
- A letter will be sent to your GP and a further appointment at the pain clinic will be sent to you.

Please ensure that you have arranged for someone to drive you home after this procedure.

The information in this leaflet is not intended to replace your doctor's advice. If you require more information or have any questions, please speak to you doctor prior to the consent for the procedure.