

VCU Medical Center

Virginia Commonwealth University

SOME INFORMATION YOU SHOULD KNOW ABOUT LUMBAR EPIDURAL SPINAL STEROID INJECTIONS

Both you and your doctor are considering a lumbar epidural spinal steroid injection for possible treatment of your low back and/or leg pains. This information is provided to assist you in making a decision whether or not you want to proceed with the injection. Lumbar epidural spinal steroid injections have been used for years as a treatment of low back and leg pains, particularly when the pain is due to lumbar degenerative spine disease, ruptured disc disease, or spinal stenosis. Usually, it is best to reserve lumbar epidural steroids for the indication of pain relief, rather than improvement in neurological function. That is, while pain may often improve, leg weakness or numbness may not improve. One injection may not be sufficient and two or three injections may be recommended over a period of time, depending on the response to the first injection.

The response to a lumbar epidural steroid injection often results in pain relief for three days to two months in duration. Sometimes, there is no response at all, and some patients actually find that the pain has increased after the steroid injection. Thus, there is no guarantee of pain improvement or relief. Often, the relief of pain is temporary and returns in days or weeks.

Generally speaking, lumbar epidural steroid injections are safe, but there are some known possible complications.

- 1) You should not take aspirin, anti-inflammatories, or other blood thinning agents for at least five days before the lumbar epidural steroid injection to lessen the chance of any serious bleeding.
- 2) You may have a so-called "wet tap". That is, the needle may penetrate the dura, and there may be CSF leakage. In that event, the procedure will need to be stopped, and probably the medicine cannot be injected, even at another level.
- 3) The spinal-fluid leakage may result in headache or other unpleasant symptoms for several days, and you may need to stay home in bed for two to three days.
- 4) The possibility of meningitis is extremely rare, but you may need a blood patch, which is a second needle placed in the back after two or three days if the headache does not improve. This is very rare but may occur.
- 5) There are no guarantees that lumbar epidural steroids will relieve your pain. A few patients have developed sweating, nausea, or hypertension during the procedure which is performed in a sitting position. If these symptoms occur, we will need to place you down on your side and may not be able to continue the procedure. If you fear needles or are frightened by needle procedures, please let us know before we start the injection.

In post menopausal women with uterus, break-through bleeding may occur up to three weeks after the injection.

Please inform your doctor and nurses of all allergies and previous reactions to medications. You will be receiving a steroid injection of either Kenalog or Depo-Medrol, along with a local anesthetic such as Novocain or Xylocaine or Marcaine.

You cannot drive home after an epidural injection and will need a companion or family member to drive you home.

Please ask any other questions and have them answered fully before consenting to the injection.

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