

VCU Medical Center

Virginia Commonwealth University

CERVICAL EPIDURAL SPINAL STEROID INJECTIONS

MCV Campus

Harold F. Young
Neurosurgical Center

Department of Neurosurgery
Ambulatory Care Center
417 N. 11th Street, 6th floor
P.O. Box 980631
Richmond, Virginia 23298-0631

Phone: 804 828-9165
Fax: 828-0374 or 828-4493
TDD: 1-800-828-1120

Prior to being scheduled for a cervical epidural spinal steroid injection (CESSI) for pain relief, our physicians have provided this document to help you make an informed decision if this procedure is right for you. CESSI's have been used for many years as a treatment of neck and arm pain, particularly when the pain is due to cervical degenerative spine disease, ruptured disc disease, or spinal stenosis. Usually, it is best to reserve CESSI for the indication of pain relief, rather than improvement in neurological function. That is, while pain may often improve, arm weakness or numbness may not improve.

The response to a CESSI often results in pain relief for three days to two months. Sometimes, there is no response at all, and some patients actually find that the pain has increased after the steroid injection. Therefore, there is no guarantee of pain improvement or relief and most often, the relief of pain is temporary.

The procedure itself includes receiving a steroid injection of either Kenalog or Depo-Medrol, along with a local anesthetic such as Novocain or Xylocaine or Marcaine. The procedure will be done in the operating room under sedation and use of Fluoroscopy. One injection may not be sufficient to offer pain relief, so two or three injections may be recommended over a period of time, depending on the response of the first injection. You should be able to go home later the same day, but you cannot drive home after an CESSI and will need a companion or family member to drive you home.

Generally speaking, CESSI's are safe. There are, however, steps that must be taken prior to a CESSI as well as known possible complications.

PRIOR TO THE PROCEDURE:

1. Please inform your doctor and/or nurse of all allergies and previous reactions to medications.
2. Do not take aspirin, anti-inflammatories, or other blood thinning agents for at least 5 days before the cervical epidural steroid injection. This will reduce the chance of any serious bleeding.
3. Make arrangements for transportation to and from the hospital on the day of the procedure.
4. If you fear needles or are frightened by needle procedures, please let us know before we start the injection.

POSSIBLE COMPLICATIONS:

1. The needle may penetrate the dura, which will result in a Cerebral Spinal Fluid (CSF) leak. This is called a "wet tap". In that event, the procedure will be stopped, with a probability that the medicine cannot be injected, even at another level.
 - a. A CSF leakage may cause headache or other unpleasant symptoms for several days. You may need to stay at home in bed for 2 to 3 days if this occurs.
 - b. If a CSF headache does not improve in 2-3 days, you may need a blood patch, which is a second needle placed in the back. The possibility of meningitis as a result of the blood patch would be extremely rare, but may occur.
2. Some 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.
3. In post-menopausal women with intact uterus, break-through bleeding may occur up to three weeks after the injection.