Introduction

This leaflet will give you a better understanding of epidural injections. It should help you decide whether to go ahead with this type of injection for pain relief. It tells you about the risks and side effects, as well as what happens before and after the procedure.

What is an epidural injection?

An epidural injection is usually given to help relieve inflammation and pain in your back or leg. Nerves cross through an area in your back called the “epidural space”. This runs along the length of your spine. The doctor will normally insert a needle into the gap between two bones in your lower back, or into a space called the ‘caudal hiatus’ just above your tail bone. The doctor will then inject local anaesthetic into the epidural space close to the nerves. The doctor may also add a slow release steroid to the injection if they think it is appropriate. This will be discussed when you sign your consent form.

How does it work?

The anaesthetic and steroid work in similar ways and both appear to reduce the inflammation around nerves. This can reduce pressure and pain. Your doctor will give you advice about whether you need to just have anaesthetic or anaesthetic and steroid.

What are the benefits?

The injection may give you a rest from your pain for a few weeks or even a few months. There is a chance that the epidural won’t work and your pain will not be relieved. We won’t know if this is the case until after you have had the injection.
What are the risks?

All epidural injections have risks but these are rare. The specific risks are:

- infection
- nerve damage – this could cause weakness and pain
- headache
- back pain
- failure (the doctor is unable to carry out the injection).

Your doctor will discuss these risks with you in more detail.

What happens before I have the epidural injection?

You will usually see your doctor in the Outpatient department. The doctor will explain the procedure and tell you about the risks (see above) before asking you to sign the consent form. You will have the opportunity to ask questions. If there is anything you don’t understand or are unsure about, please ask.

If you are pregnant, have a major illness, or you are taking steroids or anti-coagulants (tablets to ‘thin’ your blood), please discuss this with the doctor. If you have diabetes you may need to make some changes to your diet or medication for approximately two weeks if you have had an injection with steroid. This is because the steroid can affect your blood sugar levels. Your doctor will be able to give you more advice on this. On the day of treatment take all your usual medication including your painkillers (but not anticoagulants).

It is important to pass urine before the procedure

After the epidural you will need to lie down for a few hours. The anaesthetic may have a temporary numbing effect on your bladder. This might make it difficult to pass urine. In a few cases this can cause incontinence or leakage.
What happens during the epidural procedure?

We advise you to wear loose-fitting comfortable clothes on the day of the procedure. You will be asked to change into a hospital gown and a nurse or doctor will insert an intravenous cannula (very fine needle and tube) into the back of your hand or arm. This will be used to give you medicines if your blood pressure drops during the procedure. It is very rare that this happens.

The procedure will be performed in a treatment room at the Oxford Pain Management Centre. A nurse will accompany you and help you get into the correct position on the trolley. X-ray equipment will then be used to find the epidural space in your back.

Once you are in the correct position the doctor will clean your back with an antiseptic fluid. This may feel cold on your skin. Local anaesthetic will be injected into your back, near to the place where we are going to give you the epidural. This may sting at first but the area should soon go numb. The doctor will then insert the epidural needle. You may feel a pushing sensation and slight discomfort at this stage. When the epidural space has been located the doctor will inject the anaesthetic and steroid (if required).

You should let the doctor know if you feel pain at any stage so that they can give you more local anaesthetic if appropriate. After the needle has been removed, a small dressing will be placed over the site. This will need to stay on for 24 hours. If you have a known allergy to plasters please let the nurse know.

What happens after the epidural injection?

After the procedure you will be taken on a trolley bed to the recovery area in the Oxford Pain Management Centre. You will be attached to a machine which will take your blood pressure every 5 - 10 minutes. We will monitor your blood pressure for about an hour. During this time we will encourage you to drink sips of water. Afterwards, the cannula in your hand will be removed and will be offered a hot drink and a light snack.
While you are attached to the monitor you may experience some heaviness and warmth in your buttocks. This may gradually spread down one or both of your legs. You may also feel some tingling or ‘pins and needles’ in your legs and feet. This is quite normal and should go away over the next few hours. It is important not to get up off the bed at this time as you may fall.

You may also feel light-headed or tired if your blood pressure drops slightly. This can happen due to the effect of the drugs. Please ask for assistance or use the call-bell if you need help.

### When can I go home?

Once normal feeling has returned to your limbs and you have passed urine you will be able to go home. You should arrange for someone to collect you 2-3 hours after the appointment time. You must not drive on the day of treatment, therefore please arrange for someone to drive you home. It is also recommended that you have somebody who can stay at home with you until the following day. If you do have any difficulty with transport please let us know before the treatment.

### What can I expect once I get home?

You may feel quite sore, weak and tired in the evening after the injection. We advise you to rest and take some painkillers if necessary. Occasionally some numbness may linger until the next day. To be safe, wait 24 hours before taking a bath or shower or taking part in any water based activities.

The injection may take from several days up to a couple of weeks to relieve your pain, so it is important to continue with your usual medication. Try to keep active within your pain limits. In time you may be able to gradually increase your activity and reduce your painkillers.

Your pain will probably return over time, as pain relieving injections are usually a short-term solution for most people. Please record the date that your pain returns as the doctor will need to know how helpful the epidural was and whether it is worth repeating it in the future.
Possible problems to look out for

You will be given a letter to take home with you about the possible problems to look out for, such as:

• worsening back pain
• new areas of numbness, weakness or any change in sensation in your legs
• neck stiffness or photophobia (eyes over-sensitive to light)
• problems passing urine or controlling bowels
• a new or different headache which is worse when sitting or standing up
• redness, swelling, weeping or increased pain from the area where the epidural was performed
• raised temperature and/or flu-like symptoms.

Should you experience any of these symptoms contact your GP immediately. Please take this information leaflet with you to either your GP or local Accident and Emergency department.

Your doctors will need to assess whether further investigations are needed.

Useful telephone numbers

Oxford Pain Management Centre – Non-urgent Nurse Advice
Voicemail: 01865 857 107
or
Email: painreliefteam.ouh@nhs.net

Please note:
For appointment queries contact: 01865 572 079

NHS Advice and Out of Hours appointments: Dial 111 from a landline or mobile (Freephone)
Reference:


RCoA (Royal College of Anaesthetists) – Guidelines for the management of complications.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk

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