



Epidural injections for pain relief

Introduction

An 'Epidural' is a targeted injection into the centre of the spinal column.

It is carried out at *cervical* (neck), *thoracic* (mid back), *lumbar* (low back) or *caudal* (sacrum) level of the spine.

An epidural can be very helpful to relieve pain caused by spinal disc or stenosis problems ('sciatica' or claudication). These are typically felt in a limb (arm or leg). While it can also help to relieve pain in the back or neck it is less frequently used and not so effective to treat this (although individuals may still gain benefit).

Please be aware that public funding for pain relief injections has been reduced by clinical commissioning groups. The Isle of Wight CCG currently (2018) funds only one single epidural for newly onset sciatica. It does not fund repeat epidurals or epidurals for chronic sciatica.

What is injected?

Usually, a combination of cortisone ('steroid') and local anaesthetic is injected together. Local anaesthetic mildly numbs and can provide rapid onset relief, lasting for a number of hours only.

Cortisone reduces swelling and inflammation and can make the relief effect last for longer, on average several months. The effect of an epidural is temporary; there is no long term curative effect.

Use of cortisone for epidural is off-license

You should know that cortisone injected into the epidural space is outside its manufacturer's license. That means it has been made and tested to be injected into other body parts (skin, muscle, joints etc); it has not been formally made and tested for injections around nerve and discs. This off-license use is common practice in pain medicine since many years.

Cortisone is available in particulate (cloudy) or a clear solution. The **cloudy** solution (standard for lower spine epidurals) seems to have a somewhat longer effect but has a little higher (but still very small) risk of causing nerve damage/ paralysis. The **clear** solution tends to have a somewhat shorter effect and a little lower risk.

It is possible to do an epidural without cortisone, but any relief effect would likely be very short (hours/days).

Options and risks will be discussed in more and agreed with you when your doctor sees you before the injection. You can then ask any questions you might have.

X-rays and Iodine

X-rays as well as an **iodine**-containing dye may be used to guide the injection. Since X-rays can be harmful in higher doses, we try to keep the dose to a minimum. Please tell us if you have a known allergy to iodine or have recently diagnosed over- or under-active thyroid.

For Female patients age 13-55

X rays can harm unborn children during pregnancy; by regulation we are required to exclude pregnancy in all women of child-bearing age and for this reason should use X-rays only within ten days following your monthly bleeding. If you are not within these 10 days you will be asked to do a pregnancy test on the day the procedure (please be aware that the standard urine tests have a tiny chance of failing to detect an existing pregnancy)

If you are unsure, or if there is any chance of you being pregnant you need to tell us **before** coming to hospital (ring 534722), and we will re-schedule your procedure.

If you have Diabetes

Your blood sugar may increase after this procedure. Diabetic control should be at optimum when having an epidural, so please ask your GP or Diabetes specialist to check this before having an epidural.

If there is a very high blood sugar level on the day of the injection (more 15mmol/L) it may not be safe to proceed.

You should plan to monitor your blood sugar concentration carefully for the first few days after the injection and should know how to adjust your anti-diabetic medication.

How is an epidural carried out?

Epidural injections are done as Day case procedures in a sitting or prone position. They take about 20-30 minutes to do. Before starting the procedure a cannula (small needle with a drip) is placed in a hand or arm.

A local anaesthetic injection will numb your skin prior to inserting an epidural needle. Please try not to move and bend your back/neck while the doctor performs the injection. Some patients experience a strange, electric-like feeling in a buttock or leg/ arm. If you do please don't worry but tell the doctor where you have this sensation.

Some people feel lightheaded or dizzy during the injection; it is important that you make the team aware of this immediately so it can be treated. Otherwise you may have to lie down and injection may have to be abandoned.

Afterwards, you will remain in a recovery area for monitoring and will then rest for some time on a trolley before trying to stand up. As your legs (or arms) may be a little weak and/or feel numb it may take some time for you to be able to do so. Sometimes the bladder muscle tightens for a few hours after an epidural so it's difficult to pass water.

What you need to arrange

You must arrange a friend or relative to take you home afterwards. And you must have an adult with you at home for the first night after the injection who is able to physically support you. If you cannot arrange these two, please bring this to the attention of the Mottistone secretaries (526699). Without these arrangements in place your procedure cannot go ahead.

Medicines you need to stop some time before having an epidural

Your blood clotting needs to be near normal to safely have an epidural.

If you take medicines that reduce clotting these usually need to be stopped 5-7 days in advance. Please make your doctor aware of this so that you can receive suitable instructions when to stop, and whether to replace with other treatment.

The following medicines usually need to be discontinued 5-7 days before this procedure:

Aspirin (any dose), Clopidogrel (Plavix), Prasugrel, Abciximab (ReoPro), Dipyridamole (Persantin, Asasantin), Eptifibatid (Integriline), Tirofiban (Aggrastat), Ticagrelor, Warfarin, Acenocoumarol (Sinthrome), Phenindione, Dabigatran (Pradaxa), Enoxaparin (Liquis), Rivaroxaban (Xarelto)

Outcomes and what to do after the injection

Local audit data show that 80% of selected patients have some pain relief, and 60% report good relief (>50% improvement). While this does not fully solve all pain related problems and suffering, good temporary pain relief allows a range of other treatments, e.g. Physiotherapy and Rehabilitation, to proceed. Relieving chronic pain often gives patients a new sense of hope and control, increasing the impact and chance of long term benefit for many pain related problems.

You should think ahead about what to change if you are better afterwards. For most patients it is important to increase or start new exercises in planned way, and reduce or wean off long term pain killers, particular morphine-like drugs. It can also be important to plan your phased return to work or arrange social events for which your pain has been a barrier.

Tracking symptom changes

It is a good idea to keep a pain diary for some time before and after having injection treatment.

This can help you and your doctor to document the effect and make decisions about the next steps of your treatment.

While a pen and paper diary is an option, there are a number of Pain Diary Apps available that you can use with a laptop, tablets or mobile phones.



If you have an iPhone or iPad take a look at the **Alogea** App in the Apple App store. This has been developed by AppToolFactory and Dr Michael Luckmann to help you track and better manage pain medicines.

It's free to download and use for one medicine and symptom.