

The Kent Centre for Pain Medicine and Neuromodulation: epidural injections for chronic pain

Information for patients

This leaflet will give you information about **epidural injections for chronic pain relief**. If you have any questions, please ask your GP or other relevant health professional.

What is an epidural injection?

An epidural is the name given to an injection into the epidural space. This is the space between the vertebrae (backbones), which form the walls of the spinal canal and spinal cord, and the nerves that lie within it.

Epidural injections are widely used in the treatment of chronic neck, back, and leg pain. The injection can be given at any level within the spine.

How will it help?

Nerves in and around the spine can become irritated or trapped, causing pain. An epidural injection of local anaesthetic and long-acting steroid may help to reduce the inflammation and pain, but this cannot be guaranteed in all cases.

If your chronic pain is caused by inflammation and fibrous tissue in and around your spinal nerve roots, the local anaesthetic will numb the pain, giving short-term pain relief. The steroids will reduce any inflammation around the nerves entering and leaving your spinal cord, giving a longer term effect. Your pain may be relieved for a few weeks or a few months, and sometimes longer.

Steroids have been used for decades now and are considered safe by pain specialists, although they are not officially licensed by the manufacturers for these injections. It is possible to carry out epidural injections without steroids, but any pain relief achieved using local anaesthetic only will be short-lived. Complications of injections, including steroids, are statistically the same as those done with local anaesthetic only.



What happens during the procedure?

Epidural injections are carried out as a day case procedure, in one of the theatres in Day Surgery to minimize infection risks. Shortly before your procedure you will be asked to change into a theatre gown.

The procedure

- The injection is carried out under x-ray guidance, to make sure it is in the right place. **You must tell your consultant if there is any chance that you may be pregnant, as x-rays may harm your baby.**
- Depending on where you are injected, you will be asked to either lie face down, lie on your side with your knees drawn up, or sit on the edge of the trolley.
- A cannula will be placed in your hand or arm, and you may be given something to make you sleepy.
- The doctor will prepare the skin on your back by wiping or spraying it with cold antiseptic solution. They will also numb a small area of skin on your back by injecting some local anaesthetic.
- The epidural needle is then placed into the epidural space.
- The local anaesthetic and/or steroid is then injected. You may feel some discomfort in your back at the time of the injection. You will be encouraged to keep still.

What will happen after the injection?

A small dressing will be placed over the injection site, which can be removed after 24 hours. Do not worry if it falls off sooner.

You will be taken to the ward or recovery area, depending on whether you had sedation or not.

You will be discharged home one to two hours after your injection. You must not drive for 24 hours following your procedure; please arrange for someone to drive you home from the hospital. We also strongly recommend that you have someone who can stay at home with you until the following day.

What are the possible side effects?

- There may be some pain and bruising at the needle site.
- The injection may make your pain worse for a few days.
- Some patients have a severe headache following an epidural, although this is rare, but it may last a week or two.
- There is a small risk of infection at the site of the injection.
- Your blood pressure can drop during or shortly after your injection.
- Some patients may experience difficulty passing urine. You will have to pass urine before you can be discharged home.
- You may experience some leg weakness or numbness, which should resolve over a few hours.
- People with diabetes may experience raised blood sugar for a short while due to the injection of the steroid.
- Rarely, women may experience temporary irregular periods.
- Due to the injection of the steroid, you may have temporary mood changes.
- In extremely rare cases (up to one in 10,000 patients) nerve damage may happen. This can happen either during your procedure, or may be caused by infection or haematoma (blood clot).

These side effects may not develop until several weeks after your epidural, so if you become unwell during this time you should speak to your GP or other relevant health professional.

In extremely rare cases (these are so rare it is difficult to give an estimate of how often they happen) such problems can lead to serious side effects including loss of vision, stroke, paralysis, and even death. The risk appears to be higher if the epidural injection is to the neck rather than the lower back.

Important information

If you develop any of the signs and symptoms listed below as a new problem after you have been discharged home following your epidural, it is important that you get urgent medical attention. If out of hours you should go to your nearest Emergency Department.

- Prolonged numbness and/or weakness in your legs.
- Severe lower back pain.
- Redness, pus, tenderness, or pain at the site of your epidural.
- High temperature and neck stiffness.
- Difficulty passing water/incontinence of faeces.

For further information

If after reading this information you have any questions, please contact the Pain Clinic.

Kent Centre for Pain Medicine and Neuromodulation (direct line)

- Kent and Canterbury Hospital, Canterbury Telephone: 01227 78 30 49
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 50 94
- William Harvey Hospital, Ashford Telephone: 01233 61 66 91

Useful information

For further information on epidurals and to see a list of other East Kent Hospitals pain leaflets, please see the links below.

- East Kent Hospitals. **Chronic pain patient information** www.ekhufft.nhs.uk/chronic-pain-leaflets
- Royal College of Anaesthetists. **Section 10: Headache after a spinal or epidural injection.** www.rcoa.ac.uk/sites/default/files/documents/2020-05/10-HeadachesSpinalEpidural2019web.pdf
- Faculty of Pain Medicine of the Royal College of Anaesthetists. **Information sheet for adult patients undergoing: epidural steroid injection for the treatment of pain.** fpm.ac.uk/sites/fpm/files/documents/2019-11/FPM-PIL-Epidural-steroid-injection-Sep-2019-ed.pdf

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation

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