



Epidural injections: The Kent Centre for Pain Medicine and Neuromodulation

Information for patients

You have been referred for epidural injections to help with your chronic pain. This leaflet explains:

- what epidural injections are
- how they will help you
- what happens during your procedure, and
- what the possible side effects are.

If you have any questions, please ask your GP or other relevant healthcare professional.

What is an epidural injection?

An epidural is an injection of local anaesthetic and long-acting steroids into the epidural space.

The epidural space is the space between the vertebrae (backbones) and the nerves that lie within it. The vertebrae form the walls of the spinal canal and spinal cord.

Epidural injections are widely used to treat chronic (long-term) neck, back, and leg pain. The injection can be given at any level within the spine.

How will an epidural help?

Nerves in and around your spine can become irritated or trapped, causing you pain. An epidural injection may help to reduce this inflammation and pain. This does not work for everyone.

If your chronic pain is caused by inflammation and fibrous tissue in and around your spinal nerve roots:

- The **local anaesthetic** will numb your pain, giving you short-term pain relief.

- The **steroids** will reduce any inflammation around the nerves entering and leaving your spinal cord. This gives a longer term effect. The steroids may relieve your pain for a few weeks or a few months, and sometimes longer.

Steroids have been used for decades and are considered safe by pain specialists. However, they are not officially licensed by the manufacturers for these injections. It is possible to carry out epidural injections without steroids. Although 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 my procedure?

You will have your epidural injection in Day Surgery, to minimize infection risks. You will be able to go home on the same day as your injection.

You will need to change into a theatre gown before your procedure.

The procedure

- The procedure is carried out under x-ray. This allows your doctor to clearly see the area being treated. **You must tell your doctor if there is a 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. You may be given sedation to make you sleepy.
- Your 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 during the injection. We encourage you to keep still.

What will happen after my injection?

- Your injection site is covered with a small dressing. Please remove this after 24 hours. Do not worry if it falls off sooner.
- Depending on whether you had sedation or not, you will be taken to either the ward or recovery area.
- You will be discharged home one to two hours after your procedure.
- 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 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. This should settle over a few days.
- The injection may **make your pain worse** for a few days.
- Some patients have a **severe headache** following an epidural. 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 have **difficulty passing urine (wee)**. You will have to pass urine before you can be discharged home from the hospital.
- You may have some **leg weakness or numbness**, which should stop over a few hours.
- People with diabetes may have **raised blood sugar** for a short while, due to the steroids.
- Rarely female patients may have **temporary irregular periods**, due to the steroids.
- You may have some **mood changes** due to the steroids.
- In very rare cases (less than one in 10,000 patients) **nerve damage** may happen. This can happen either during your procedure, or be caused by infection or haematoma (blood clot)

These side effects may not develop until several weeks after your epidural. If you become unwell during this time, please speak to your GP or other relevant healthcare professional. Tell them you have had an epidural injection.

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

Important information

At home after your epidural injection

If you develop any of the signs and symptoms listed below as a new problem, you need urgent medical attention. If out-of-hours, 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 urine / incontinence of faeces (poo).

Further information

If you have any concerns regarding the information in this leaflet or your procedure, please phone the Pain Clinic.

Kent Centre for Pain Medicine and Neuromodulation (direct lines)

- Kent and Canterbury Hospital, Canterbury
Telephone: 01227 783049
- Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate
Telephone: 01843 235094
- William Harvey Hospital, Ashford
Telephone: 01233 616691

Useful information

- East Kent Hospitals. Chronic pain patient information (<https://www.ekhft.nhs.uk/information-for-patients/patient-information/?i=leaflets&categories=chronic-pain>).
- Faculty of Pain Medicine of the Royal College of Anaesthetists. Information for adult patients undergoing: epidural steroid injection for the treatment of pain (<https://fpm.ac.uk/sites/fpm/files/documents/2024-04/epidural-steroid-injection-2023.pdf>).
- Royal College of Anaesthetists. Section 10: Headache after a spinal or epidural injection (<https://www.rcoa.ac.uk/sites/default/files/documents/2024-01/10-HeadachesSpinalEpidural2019web.pdf>).

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring 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 has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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