

CERVICAL EPIDURAL STEROID INJECTIONS

What is a cervical epidural steroid injection?

A cervical epidural steroid injection (CESI) is an injection of corticosteroids (similar to cortisone) into the space just outside the covering (the dura) of the spinal cord in your lower back. Because the injection is outside (epi) the dura, it is called an epidural injection.

What are the indications for a cervical epidural steroid injection?

These injections are performed when it is thought that spinal nerve inflammation is part of the process that is causing the pain. Common indications for CESI include neck pain, headaches, herniated discs, degenerative disc disease, radiculopathy or radiculitis, and spinal stenosis.

How do epidural steroid injections help my pain?

The spinal cord travels from the brain to the waist in a tunnel in the back part of the spine. About every inch along the way, the spinal cord gives off branches (spinal nerves) to the right and left. These spinal nerves carry sensations and pain signals from the various parts of the body back to the brain.

Corticosteroids are very potent anti-inflammatory medications that work best when they are injected into the area where the inflammation is occurring. Because the spinal nerves pass directly through the epidural space, a CESI allows the medication (steroid) to come into direct contact with the inflamed spinal nerves, reducing the pain associated with the inflammation.

How do I prepare for the procedure?

CESI is a minor surgical procedure that is typically performed in the physician's office or an ambulatory surgery center. You should not eat or drink anything for at least 2 hours before your procedure. You should take all of your medicines except blood thinners the day of your procedure.

What should I expect during the procedure?

You will be lying face-down on an X-ray table during the procedure. You may have pillows placed under your chest to help your surgeon with optimal positioning. Live X-rays (called fluoroscopy) will then be taken to ensure proper positioning.

Your neck will then be cleaned with an antiseptic solution and a sterile drape will be placed over this area to keep it clean for the procedure. A local anesthetic will then be injected into your skin to make it numb. The epidural needle will then be inserted through the numbed skin and slowly advanced into the epidural space using fluoroscopy (live X-rays) to guide the needle. When the needle enters the epidural space, it is common to feel either a cold sensation or increased pressure in your upper back, neck, and arms.

Once the needle is in the epidural space, a small amount of contrast will be injected under live X-ray to ensure that the medication will spread properly. You will feel increased pressure during this injection. After this, the corticosteroid will be slowly injected into the epidural space. Again, it is very common to feel increased pressure during this part of the procedure. If the pressure becomes too painful, you should let your surgeon know immediately. Once the injection is complete, the needle will be withdrawn and a dressing will be placed over the injection site.

Can I have sedation for the procedure?

The vast majority of patients do not require sedation for the procedure, however, we will provide light sedation for the procedure at your request. Patients who are receiving sedation **must** have a responsible adult with them to drive them home.

How soon can I go home after the procedure?

Your blood pressure, pulse, and breathing will be checked frequently over the next 15 to 20 minutes. Once your vital signs are stable, you will be able to go home.

Can I drive myself or do I need a ride?

Most patients prefer to have a family member or friend drive them for their procedure, however, you may drive yourself to the procedure as long as you are not requesting sedation.

How long will it take for the pain relief to take effect?

Some patients will experience immediate relief, however, it usually takes 24 to 72 hours for the effects of the steroid medication to take effect and it may be up to 1 week before the maximum benefits are achieved. Very often more than 1 injection is necessary to achieve a good level of pain relief.

Can the procedure make my pain worse?

Some patients will experience mild pain with the procedure that will ease up in a very short amount of time. On rare occasions, patients have experienced a prolonged increase in pain after the procedure.

What if the procedure does not improve my pain?

Epidural steroid injections target the pain being caused by the inflamed nerves in your neck and may not relieve pain caused by spinal and muscular problems, which can continue to cause pain after the procedure. You may continue to require oral medications or other interventional procedures to achieve better pain relief.

How many injections do I need? How often can I have an injection?

In general, you will receive a series of 2 or 3 injections over a 6 week period to achieve maximum pain relief. If the injections are successful, most patients will experience at least 6 months of pain relief after the initial series of injections. You may return for future injections when the pain returns. Future injections are given as single injections (not a series) and can happen as often as every 4 weeks if necessary, however, most patients do not require follow-up injections more often than every 3 months.

Are there any restrictions following the procedure?

We ask that you not immerse in water for 24 hours after the steroid injection. This means that you can shower, but not take a bath or go swimming for the rest of the day. There are no other specific restrictions on activity however, we recommend that you “take it easy” the rest of the day and slowly resume your normal activities.

What are the risks of the procedure?

Overall, epidural steroid injections are a very safe procedure. Serious side effects or complications are rare with epidural steroid injections. However, like all injection procedures, possible adverse effects are possible. The most common complications include bleeding and bruising at the needle puncture site, post-procedure headaches, and lightheadedness or dizziness immediately following the procedure. Other very rare complications include epidural infection, epidural hematoma (bleeding into the epidural space), transient numbness or weakness, paralysis (partial or complete), contrast or allergic reactions, sexual dysfunction, and death. If you experience any concerning symptoms after your injection, you should call your doctor immediately or go to an emergency room for evaluation.