

Spinal injections



Who is this leaflet for?

This leaflet is for patients attending the Pain Clinic. It provides information on treating pain with injections. These are injections of steroid and / or local anaesthetic in or around the spine.

Will an injection cure my pain?

The purpose is to:

- try to **reduce** back pain or sciatic pain (pain shooting down one or both legs)
- identify a source of pain.

Unfortunately injections are not a cure and effects last between a few weeks to several months. The reason these are done is to try to provide a 'window' of pain relief to allow physical rehabilitation. Research has shown physical rehabilitation is more likely to improve the condition in the long term.

What type of spinal injections are there?

- Epidural – injection around the spinal nerves as they exit the spinal cord.
- Nerve root block – injection around an individual spinal nerve.
- Facet joint or sacro-iliac joint injection – used to test whether back pain is coming from the joints of the spine.

What does the injection involve?

A spinal injection is performed as a day case usually by a pain consultant (an anaesthetic doctor who specialises in pain management).

Spinal injections are performed with the patient awake. Local anaesthetic is used to help make the skin numb before the injection.

How do I prepare for it?

You should continue to take your normal pain medication. If you take anticoagulants (blood thinning tablets) your doctor or health care professional will have discussed adjusting this with you (please ring us in advance to let us know if this is not the case). If you begin this medication whilst waiting for your injection you should tell us immediately.

If you have diabetes, please tell your doctor/ health care professional. The injection may affect your blood sugar levels.

What will happen during the procedure?

1. You will be asked to sit or lie on a mobile trolley or X-ray table. An X-ray machine is often used to guide the injection. If you think you might be pregnant, please tell the doctor before you have the X-ray.
2. The injection site is cleaned with a sterile antiseptic wipe or spray and local anaesthetic is injected into your skin.
3. Your doctor will then carefully insert a needle into your back. Sometimes a contrast agent is also injected (a liquid which shows up on X-ray) to check the needle is positioned correctly.
4. The local anaesthetic and steroids are then injected around the target area.
5. A small dressing is then applied, which can be removed after 24 hours.

What happens afterwards?

You will be monitored in the day case unit for a time (depending on the type of injection).

You will need to arrange transport home. Do not drive on the day of the procedure as your insurance may be invalid. If you have no transport it is likely the procedure will have to be cancelled. Try to have a friend or relative stay with you for the first 24 hours.

Often there is increased pain, particularly on the two days following the procedure, but occasionally longer, followed by possible relief. Continue to take your pain medication as normal during this time.

Please make a note of the effect that the injection has had on your pain after the injection. Do an activity that previously provoked your pain. Compare the pain that this causes with the pain that it would have caused before the injection. You may be given a 'pain diary' to help you do this.

Are there any risks or complications?

No procedure is risk free. Although long-term side effects and complications including increase in pain are uncommon, the possibility cannot be excluded.

Short-term side effects of any procedure may include the following.

Common:

- pain at the site of injection
- headache
- increase in pain generally.

Far less common:

- infection
- bruising
- bleeding
- injury of body structures with the injection procedure.

Rare:

- minor nerve injury (resulting in new numbness or even weakness that can last several weeks but is not permanent) about 1 in 5000.
- Serious complications such as long term nerve damage leading to paralysis or even death are very rare with a probable risk of greater than 1 in 100,000.

Will steroids be used?

Yes - steroids have been used for epidurals, nerve root blocks and facet joint injections as well as other procedures for many years. They are not licensed for this but it has been accepted as part of the clinical practice, amongst pain management consultants, rheumatologists, orthopaedic surgeons and neurosurgeons.

Steroids work by reducing inflammation either in or around joints, or around nerves and can produce a marked relief of symptoms. Although the effects of steroids tend not to last in the long-term, any short term relief can help you with activities and physiotherapy. Whilst long-term use of steroids are associated with side effects such as weight gain, hair loss, fragile bones, headaches, menstrual irregularity and changes in mood, in the pain clinic setting such side effects are less frequently seen. This is because the steroids have been given as a single dose and occasionally as a few doses.

What kind of exercise can I do to help my back after a spinal injection?

A spinal injection is not a cure for back pain. The aim is usually to give a window of pain-free time to progress with exercises. Exercise and normal activity should be regarded as safe, so try to gradually increase your exercise levels as soon as you are able after the injections.

Can I have a repeat injection if my pain returns?

The benefits of a spinal injection are variable and can last from a few days up to six months. Sometimes pain can be made worse as a result of the injection. If injections provide significant and long-lasting relief, repeating them may be appropriate in certain patients. This is usually only if injections have allowed painkilling medication to be reduced or stopped and exercise or normal activity to be resumed. This has to be weighed against the risks of repeated long term steroid use and radiation from the X-ray machine.

Should I still take my painkillers?

Continue them for two days following your injection. If pain is reduced despite increasing your activity level, try to gradually reduce the number of painkillers that you are taking.

Will I need a follow up appointment?

In some cases you will be sent a follow up appointment for review. This will be with a specialist physiotherapist.

Contact us

If you have any questions or need any further information about your procedure, during normal working hours, please phone our secretaries on 01872 252792.

Following your procedure, if you have any questions or further information your first point of contact should be your own GP.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

