Epidural steroid injections may make it easier for you to exercise and participate in physical therapy sessions.

An epidural steroid injection (ESI) can help decrease pain, tingling, and numbness in your arms and legs caused by nerve problems in your back or neck. There are 2 types of injections:
- Lumbar (low back)
- Cervical (neck)

**Will the injection help my pain?**
This depends on your type of pain. In general, people with low back pain that travels down the leg (sciatica) can benefit from an epidural steroid injection. Also, people with pain that started recently tend to respond better than those who have had pain that’s lasted for years.

**How long will the pain relief last?**
The length of pain relief varies. For most people, the pain may be decreased for up to 3 months. Injections and other types of pain management may be part of your treatment plan.

**Will the ESI cure my pain?**
The injection will help lessen pain—not cure the source of your pain. It may make it easier for you to exercise and participate in physical therapy sessions to help improve your condition overall.

**Are there any side effects?**
Yes, an ESI may cause fluid retention and raise blood sugar levels in people with diabetes. Talk with your doctor about managing these side effects.

**How is an ESI done?**
Your doctor may use imaging tests, such as an MRI, a CT scan, or X-rays, before or during your injection.
The procedure may include:
- Local anesthetic injection to numb the area. You may feel a stinging and burning sensation.
- Epidural injection. You will feel pressure and minor discomfort, but not pain. If pain occurs, let the doctor know.
The actual length of time required for the epidural injection may be different for each patient.

**When can I go back to my normal activities?**
Your doctor will give you care instructions after the injection, such as not driving for several hours. We encourage you to resume your home exercise program and other normal activities. It’s important to keep your body moving.

**Is an ESI safe?**
Yes, but there are some risks, and side effects. Your doctor will review your risks with you prior to ESI. More serious complications are possible for some people, but they are very rare. These include:
- Headaches during or right after the injection, or up to 2 days after the injection. Let your doctor know if you have a headache.
- Nerve damage, bleeding, infection, or paralysis.

**Are these the same steroids that athletes take?**
No. The steroids used in the epidural injection are corticosteroids, which decrease swelling and pain.
How often can I have an ESI?
How often these injections are recommended varies based on your condition and your response to prior injections. Sometimes your doctor may prescribe a series of up to 3 injections, usually given 4 to 6 weeks apart. Following this series, you may have another injection every 3 to 4 months, or as determined by you and your doctor.

Will the ESI change my need for surgery?
The goal of the injection is to decrease pain. This may or may not be the reason that surgery was recommended to you. For more information, talk with your doctor.

I’ve had an ESI before and it didn’t work. Should I have another?
In some cases, a second injection might be helpful. If the second epidural steroid injection does not relieve pain, then it is very unlikely that another ESI will help.

What do I do if the ESI does not work for my pain or I don’t want one?
There are many things you can do to help manage chronic pain. Studies have shown that strategies such as exercise, relaxation, and changing unhealthy thought patterns can help people cope better with chronic pain. Using several methods together is often the best approach.

Who should not have an ESI?
Avoid an ESI if you:
- Have a fever or any infection at the time of the injection.
- Are thinking of becoming pregnant, or are currently pregnant or breastfeeding.
- Have had a severe allergic reaction to steroids, local anesthetic, or contrast dye.
- Are taking blood thinning medicine like coumadin (Warfarin), clopidogrel (Plavix), aspirin/dipyridamole (Agrrenox), enoxaparin (Lovenox), fondaparinux (Arixtra), or heparin. You may need to stop taking these medications before getting the injection. Discuss the benefits and risks of stopping your medications with your doctor. Do not stop taking them without your doctor’s approval.
- You can take acetaminophen (Tylenol) for arthritis, headaches, or other painful conditions, or for pain from previous operations.

When to call Kaiser Permanente
Call us after the epidural steroid injection if you have:
- Persistent headache pain
- Fever
- Pain that is worse than it was prior to the injection
Call 911 or go to the nearest hospital any time you think you may need emergency care. This could include:
- New numbness or weakness in your hands or legs
- Inability to control your bladder or bowels

Additional resources
For more health and drug information:
- Visit kp.org/mydoctor or kp.org/medication
- Contact your local Health Education Department or Center