

# Epidural Steroid Injections: What to Expect



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

An epidural steroid injection (ESI) can help lessen the pain, tingling, and numbness caused by nerve problems in your back or neck. There are two types of injections:

- A *lumbar* epidural steroid injection is used to treat lower back problems, including sciatica, spinal stenosis, and radiculopathy.
- A *cervical* epidural injection is the same procedure (as mentioned above), but around the nerves in the neck.

## Will the injection help my pain?

It is hard to say for sure if the injection will help you. In general, people with low back pain that travels (radiates) down the leg (like people with sciatica) can benefit from an epidural steroid injection. Additionally, people with pain that started recently tend to respond better than those who have had pain that has lasted for years.

## How long will the pain relief last?

The length of pain relief varies from person to person. In most cases, the pain may be lessened for up to three months. These and other types of pain management may be part of your treatment plan.

## Will the ESI cure my pain?

The injection will help to 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 while you get your injection.

The procedure may include:

- Injecting the skin with a local anesthetic. 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 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, for example, not driving for several hours after the injection. We encourage you to resume your home exercise program and other normal activities. It is actually important to keep your body moving.

## Is an ESI safe?

Yes, however, there are risks, and side effects. More serious complications are possible for some people.

- Some patients may experience a headache. It can occur during or right after the injection or up to two days after the injection. Let your doctor know if you experience a headache.
- Very rarely, more serious side effects can occur like nerve damage, bleeding, infection, or paralysis.

These may be irreversible or require spinal surgery. Your doctor will discuss the safety of the procedure in your individual case.

## Are these the same steroids that athletes take?

No. The steroids used in the epidural injection are corticosteroids, which lessen swelling and irritation.

## How often can I have an ESI?

Sometimes your doctor may prescribe a series of up to three injections, usually four to six weeks apart. Following this series, you may not have another injection more often than every three to four months, or as determined by what you and your doctor decide is right for you.

## Will the ESI change my need for surgery?

The goal of the injection is to lessen 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 help, then it is very unlikely that another ESI will help with your pain.

## 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 your chronic pain. Using several methods together is often the most helpful approach. Studies have shown that strategies such as exercise, relaxation, and changing negative thought patterns can help people cope better with chronic pain.

## Who should not have an ESI?

- ✓ If you have a fever or any infection at the time of the injection.
- ✓ If you are thinking of becoming pregnant, or are currently pregnant or breastfeeding.
- ✓ If you have severe allergic reaction to steroids, local anesthetic or to contrast dye.
- ✓ If you are taking blood thinning medicine like coumadin (Warfarin), clopidogrel (Plavix), aspirin/dipyridamole (Agrrenox), Enoxaparin (Lovenox), Fondaparinux (Arixtra) or heparin. You will need to stop taking them before the procedure. Discuss this with your doctor or cardiologist in order to weigh the risks and benefits of stopping these medicines. It is OK to take Tylenol for other pains like arthritis, pain from previous operations, abdominal pain, and headaches.

## Call Kaiser Permanente if . . . after the epidural steroid injection, you experience:

- a persistent headache
- a fever
- pain that is worse than it was prior to the epidural steroid injection.

Call 911 or go to the nearest Emergency Room any time you think you may need emergency care. For example if:

- **after the injection you develop any new numbness or weakness in your hands or legs; or if you are unable to control your bladder or bowels.**

### Other resources

- If you are a member in Northern California, you can visit your physician's home page at [kp.org/mydoctor](http://kp.org/mydoctor). In the left navigation bar, under "Healthy Living Resources," click on **podcasts, videos, and online programs** to learn skills to help manage your pain.
- For information about your medicines, visit our drug encyclopedia at [kp.org/medications](http://kp.org/medications) or consult with a pharmacist.

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