

Cervical epidural injections

Pain Management Patient Information Leaflet

Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet will provide you and your relatives with information about cervical epidural injections. It includes information on what cervical epidural injections are, the risks and benefits of them and what the procedure involves.

What is a cervical epidural injection?

A cervical epidural is a steroid injection into the space around the spinal cord in the lower neck. It consists of a local anaesthetic and steroid which both act to block the pain signals sent to the brain. The steroid also reduces any localised swelling and inflammation which may contribute to the pain you are experiencing.

Steroids have been used for decades for their beneficial effects. Although steroids are not licensed for this specific procedure, their use is endorsed by the British Pain Society. The steroids we use act locally and so minimise any side effects.

What are the benefits?

The injection is used to improve pain caused by irritated and inflamed nerves in the spine. It is given to patients who have pain, tingling, numbness, weakness or loss of sensation in the upper limbs (shoulders, arms, elbows, wrists, hands).

The local anaesthetic numbs the nerves in the short term. The steroid can provide long term pain relief for a few weeks or months and any recurring pain may not be as severe as before. However, everyone experiences the effects in a different way. Some people have increased pain for the first few days after an injection before the pain gets better.

What are the risks and complications?

Overall, epidural steroid injections are very safe and serious side effects or complications are rare. However, like all injection procedures, there are some risks:

Common risks

- Bruise at the site of injection.
- Drop in blood pressure.
- An increase in your pain – this should only last a few days.
- Numbness in your arms – this should stop in three to four hours.

Rare risks

- Headache.
- Bleeding.
- Infection.
- A prolonged increase in pain after the procedure.
- Anaphylaxis – severe allergic reaction to drugs.
- Seizures.
- Spinal cord damage.
- Paralysis.

If you experience any of these rare risks, please contact the Pain Management Helpline on 01384 244735, your GP or in an emergency dial 999.

Steroid-related risks

Compared to regular steroid use, the steroid injection used for pain procedures is associated with very few side effects, however:

- If you have diabetes – you may experience a slight rise in blood sugar for up to two weeks so you should monitor your blood sugar very carefully. Contact your GP or diabetic nurse if you have any problems.
- If you have heart failure – you may experience increased shortness of breath due to salt and water retention. Contact your GP or nurse if you have any problems.

X-ray precautions:

- The procedure uses X-rays and these use a small amount of radiation which may add slightly to the normal risk of cancer.

Female patients – you must tell us if you are or might be pregnant. If you are not sure, we will offer you a pregnancy test.

What alternatives are there?

You do not have to have this injection and your consultant will discuss alternative treatments with you appropriate to your condition. If you prefer, you can continue to take painkilling medication without having any other treatment.

How do I need to prepare for the procedure?

- You should not eat for six hours before the procedure but you can drink clear fluids up until two hours before procedure. Clear fluids include water or diluted squash but not fruit juices, tea, coffee or milk.

The exception to this information is if you have diabetes. If so, discuss with your doctor what you should do about your diabetes medication.

- Your treatment will be at Russells Hall Hospital or Corbett Outpatient Centre as an outpatient in the Day Surgery Unit (either a morning or an afternoon appointment). This will be confirmed at your clinic appointment.
- You will be at the appointment for between two to four hours.
- You will need to arrange for someone to drive you home afterwards.
- Please arrange to have someone with you overnight.
- Please note that if you have sedation during the procedure:
 - You should not drive or operate machinery for 24 hours afterwards.
 - You may not be able to co-operate during the procedure.
 - You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
 - The effect of the sedation may be prolonged by other drugs you are taking.

What do I do about medication?

- You should take all your regular medications **except blood thinning medication** such as clopidogrel, warfarin, dipyridamole, rivaroxaban. We will give you instructions about what to do about these drugs when you are given your appointment for the injection.
- **Please bring a repeat prescription document with you if you are taking any regular medications.**

What does the procedure involve?

Before the procedure

- A doctor will discuss the procedure with you and ask you to sign a consent form.

During the procedure (duration 20 to 25 minutes)

- This is carried out in theatre while you are awake.
- You may be offered very light sedation (through an injection into the back of your hand) to help you to relax.
- You will lie on your stomach.
- We will clean the back of your neck with an antiseptic solution which may feel cold. We will then place sterile sheets around the area for injection.
- We will inject a local anaesthetic into your neck to numb the area.
- An X-ray will be used to ensure proper positioning and we may also use an ultrasound for guidance.
- We will inject local anaesthetic and steroid into the epidural space. You may feel some pressure and pushing whilst this procedure is being carried out but you should have no pain. If you do feel any discomfort, please tell a member of the theatre team.
- Once completed, we will place a plaster over the injection site and take you to the recovery area.

After the procedure

- In the recovery area, we will observe you for 30 minutes as you might feel a little drowsy and sleepy.
- We will offer you light refreshments and after this you can go home.

What do I need to do when I get home?

When you get home, please continue to take any regular medication. It may be necessary for you to take painkillers for a day or two. You might need someone at home to help you but you do not have to stay in bed. You can remove the plaster the next day.

You should gradually increase your level of activity. However, **do not** take up new exercises until your muscles have had time to adapt. Build up your exercise levels by increasing your physical activity (for example, walking, swimming, housework) gradually every few days. The eventual aim is to get back to a level of activity that is normal for you.

By gradually increasing your physical activity, you will allow your back muscles to regain some of their lost strength and help them support your spine. If you do not strengthen your back muscles, any benefit from the injections will be very short term, as the injection is not a cure in itself, it just relieves pain.

What happens after having the injection?

Some patients will experience immediate pain 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 one week before the maximum benefits are felt. Very often, more than one injection is necessary to achieve a good level of pain relief.

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

How you respond to the injection will be monitored by you on a pain monitoring chart which we will give you to take home. Your further treatment plans will be based on this.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The clinical nurse specialists on the Pain Management helpline:

01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/pain-management/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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