

Easing Your Pain

ESI



A tried and true
treatment for pain

Lucas County Health Center

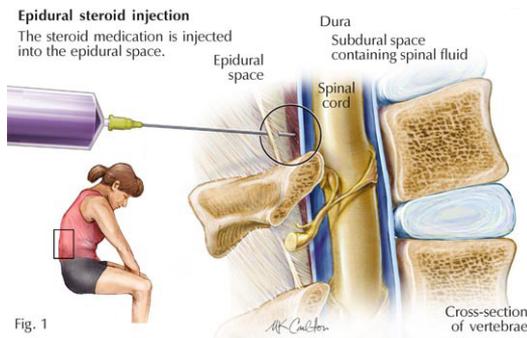
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Epidural Steroid Injection for Pain Treatment

Epidural steroids have been safely and effectively used in the treatment of chronic neck and back pain for the last 40 years. Back and neck pain are usually treated conservatively with bed rest, physical therapy, non-steroidal anti-inflammatory drugs, back exercises, and low-dose narcotics. A majority of patients will improve on this regimen. However, when the conservative therapy fails, epidural steroid injections are an effective next step in treatment.



Epidural steroid injections work by several mechanisms. They break the cycle of pain, followed by muscle spasm, followed by more pain which occurs in this condition. Pain relief afforded by epidural steroids may allow a larger and more pain free range of motion. This increases the effectiveness of physical therapy in preserving muscle strength and range of motion.

By administering a low-dose, long-acting medication, epidural steroids can effectively deliver the anti-inflammatory effect directly to the site of injury. This reduces the dose of medication necessary as well as increases its effectiveness.

Epidural steroids are effective in the treatment of discogenic pain (bulging or herniated discs) in the back and in the neck. Epidural injections can be used to treat other problems such as sciatica, spinal stenosis, failed back surgery syndrome, and pinched nerves among other problems. They reduce inflammation, swelling and irritation of the nerves, thereby providing pain relief. Epidural steroids are simple and safe. The primary risk of the injection is headache which occurs in about 1 in 100 patients. Epidural steroids are safely performed by a pain specialist, usually a pain anesthesiologist or nurse anesthetist.

Epidural Steroid Injection Information

- **DO NOT** take any non-steroidal anti-inflammatory drugs (NSAID) such as **HIGH-DOSE ASPIRIN (baby or low-dose is okay), MOTRIN (ibuprofen), and CELEBREX** for 3 days before receiving the injection.
- **DO NOT** take any blood thinning medication prior to an epidural steroid injection.
- **If you are taking HIGH-DOSE ASPIRIN, COUMADIN, PLAVIX, or any other medication for thinning your blood, you must inform the nurse who schedules your procedure who will notify the nurse anesthetist immediately.**
- You may be asked to stop medication for 7 days prior to your procedure.



You **should not** have an epidural steroid injection if you have any type of local or systemic bacterial infection, are pregnant, or have any history of bleeding problems.



Side effects and risks of steroid injections may include:

- occasional fluid gain
- night-time irritability
- hot flashes
- increased appetite

If you are diabetic, this injection can increase your blood sugar for up to two weeks.

The steroid or epidural medication may not start working for 24 to 72 hours. Sometimes it can take up to one week for the steroid to work or take effect. You may experience a sore back for a day or two after the procedure. This soreness may be the direct result of the needle being inserted into the epidural space and/or from the medication injected during the epidural steroid injection.

The epidural steroid injection pain relief can last anywhere from days to months. If excellent pain relief is obtained from the first injection, there will be no need to repeat it. *If the first epidural steroid injection does not relieve your pain and symptoms completely within 2 weeks, you may be scheduled for a second injection.* Three to four injections may be given in a 12-month period.

An epidural steroid injection significantly reduces pain for approximately 50% of patients.

It works by delivering steroids directly to the painful areas to help decrease

the inflammation that may be causing the pain. In addition to relieving pain, the epidural steroid injection may aid the natural healing process by reducing inflammation.



There is NO guarantee that this injection or any other type of treatment will relieve 100% of your pain.

Your healthcare provider has scheduled an ESI as part of your medical treatment. A representative of the LCHC Surgical Nursing Team will contact you prior to the procedure date. If you have any questions, please feel free to contact LCHC Surgery at 641.774.3239 or 800.404.3111 ext. 3239. Please use this space to jot down your questions.

Self Care Instructions For After Your Epidural Steroid Injection



Since the medication you received may alter your mental alertness, sensation, strength, and/or reflexes, **you may not drive yourself home or operate machinery for 24 hours following your procedure.**

There may be slight bruising or tenderness at the injection site. It should improve over the next couple days. *Please inform the anesthesia department if it does not improve.* You may feel numbness, tingling, and/or weakness after the procedure. Notify your anesthesiologist if this persists for more than 12 hours.

Continue your usual diet. If you have diabetes, check your glucose levels more frequently in the next 2-3 days. You may notice unusual fluctuations in your blood sugar levels. If you do, please contact your primary care physician. If you have high blood pressure, you may notice an increase in blood pressure or fluid retention. *Please report this to your primary care physician.*



Rest for 24 hours following your procedure. You may begin to gradually resume usual activities after this time period. Be sure to continue any precautions previously given to you, such as avoiding heavy lifting or bending, or any activities that might normally irritate your back.

Continue your previous medications.



If you have pain, apply ice to the site of the needle puncture for 20 minutes ever 4 to 6 hours as needed. *Do not use continuous ice.*

In the event of a headache following an epidural steroid injection, drink plenty of caffeinated beverages the first day after your procedure. Coffee, tea, and colas all contain caffeine.



Call the hospital at 641.774.3000 or 800.404.3111 and ask for the nurse anesthetist on call IF ANY OF THE FOLLOWING OCCUR:

1. Fever greater than 101.4 Fahrenheit
2. Increased pain persisting over 1-2 weeks
3. Difficulty swallowing or difficulty breathing
4. Prolonged numbness, weakness, or tingling
5. Severe headaches or stiff neck
6. Inability to urinate or have bowel movement
7. Strange or unusual symptoms (visual changes, difficult speaking, etc.)
8. Continued, excessive, or increasing swelling or bruising to the needle site
9. Signs of infection, such as redness, swelling, drainage, or warmth around the needle site

If you are unable to reach the nurse anesthetist, contact your primary doctor, go to the emergency department or dial 911.

**LUCAS  COUNTY
HEALTH  CENTER
& *Medical Clinics***