

Information about Epidural Injections:

What is an Epidural Steroid Injection?

Epidural steroid injection is a term applying to a variety of techniques performed to deliver corticosteroid medication around a nerve coming out from the spinal cord in an epidural space. This epidural space is the space between the dural sac – which surrounds the spinal cord and exiting spinal nerves – and the bony spinal column. This is the space into which disc material can potentially herniate (just out unnaturally) and cause pressure and inflammation around spinal nerves. Corticosteroids are medications that have strong anti-inflammatory properties, and spinal injections of the corticosteroids significantly reduce inflammation around an irritated nerve that is causing pain and discomfort.

Who can benefit from an epidural steroid injection?

Patients with several common conditions – including a lumbar disc herniation, degenerative disc disease, and lumbar spinal stenosis – may benefit from an epidural injection. For these and other conditions that can cause acute or chronic pain, an epidural steroid injection may be an effective non-surgical treatment option.

Who performs these injections?

These injections are performed by specialty-trained physicians. Board certified radiologists are physicians with specific training in performing these procedures and in the safe and efficient utilization of the imaging equipment. Fluoroscopic or CT guidance is used to avoid or minimize the possibility of this complication.

What should I do to prepare for the procedure?

Wear loose, comfortable clothing. You may want to have someone accompany you to the appointment to make sure you get home safely. Stop taking the following blood thinners before the procedure:

ANTICOAGULATION GUIDELINES:

- **Coumadin (Warfain)** – stop intake 4-5 days prior to procedure and PT/INR must be measured within 24 hours prior to the procedure.
- **Plavix (Clopidrogel)** – stop intake 7 days prior to procedure.
- **Ticlid (Ticlopidine)** – stop intake 14 days prior to procedure.
- **LMWH (Low Molecular Weight Heparin) Lovenox:**
 - Patients on 30-40mgs stop intake 10-12 hours before procedure.
 - Patients on higher than 40mgs stop intake 24 hours before procedure.
 - Patients on medication for high blood pressure and/or heart disease should continue their medication as usual
- **NSAIDS (including ASA)** – do not need to be stopped.

Is any anesthesia used for the procedure? Will there be any pain?

Typically a local anesthetic is injected into the skin, numbing the area where the epidural needle is placed. Patients may experience a mild discomfort but not severe pain.

What is the recovery period like?

If you experience a loss of sensation or muscle strength at the end of the procedure, you will be observed at the hospital until the anesthesia sufficiently wears off and are able to get around safely. There may be some soreness at the injection site and usually last for just a few hours but may last as long as a few days. Exercise restrictions: Dr. Metzl advises you to lay low for a couple of days and start moving comfortably when you feel able. You should be back to regular activity about 1 week after the injection, but it does differ patient to patient.

Address and phone number:

These procedure are done at the main hospital, Hospital for Special Surgery
535 East 70th Street, 3rd Floor Interventional Radiology
New York, NY 10021 (right off York Avenue)
Ph: 212-774-2052