

EPIDURAL INJECTION

Introduction

An Epidural injection is an injection of steroid (*or in some patients your own blood products*) into the epidural space of the spine. The injection is done to alleviate pain caused by narrowing of the spinal canal, disc disease, or inflammation of the epidural space.

You will need to fast for 2 hours before the procedure, but you may drink fluids. Please inform the **booking** staff if you are on Warfarin, Plavix, or any other blood thinning agents, or have any other medication allergies.

Procedure

The procedure takes about 30 minutes and will be performed in the CT room. The skin will be washed with antiseptic and a local anaesthetic may be injected. A fine needle is then inserted and guided into the correct position using CT control and the injection of a small amount of X-ray dye (*contrast*) or room air given. Once satisfactorily positioned, steroid (*or your own blood products*) will be injected. The needle is removed and compression will be applied to the needle insertion site.

Post-procedure

The local anaesthetic may cause numbness in your leg which can last for up to a few hours. Staff will monitor you after the injection and you will be OK to leave once normal sensation returns. Pain relief can take a few days to develop so you may need to continue with your current medication for a short time. You may return to normal activities, although strenuous activity should be avoided.

You must have someone pick you up after the injection. You will not be permitted to drive yourself

Risks and side effects

Complications are rare during this procedure however you should be informed of the possible risks and side effects.

Risks associated with this procedure include:

- Pain or discomfort at the needle insertion site, or bruising after the procedure.
- Temporary numbness or a tingling sensation can sometimes occur. Injection into the spinal cord (*thecal*) sac is extremely rare as X-ray dye or air is used to confirm correct needle placement, however, temporary loss of nerve function due to local anaesthetic, or scarring (*arachnoiditis*) may occur. If the sac containing the spinal nerve roots is punctured during needle placement fluid may leak out over time resulting in a headache. The risk of headaches is about 5% after sac puncture.
- Infection is rare but may involve redness or swelling and increased back pain, usually after 48 hours. Superficial infection is the most common form and responds rapidly to antibiotics; deep infection is extremely rare, but can be severe and associated with pressure on the spinal nerves that may require surgery. Increasing back or neck pain needs to be promptly reported to us and your referring doctor.
- Risks associated with X-ray contrast and local anaesthetic injections include nausea and mild reactions such as rash or itching. Severe allergic reaction is rare and a life threatening reactions even more rare.

Any medical procedure can potentially be associated with unpredictable risks.

Please ask questions about anything on this form that you do not understand.

FEMALE PATIENT ONLY: Is there any chance you may be pregnant?	YES	NO
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I have read the information provided regarding my procedure. I understand the information and have had the opportunity to ask questions about what is going to happen, the reasons for the procedure being performed, and the associated risks. I agree to have the procedure performed.

Patient Name		
Patient Signature (or signature of legal guardian)		Date
Signature of MIT / Radiologist		

OFFICE USE ONLY

ANTICOAGULANTS Yes No DIABETIC Yes No ALLERGIES Yes No DRIVER Yes No

PATIENT ID CHECKLIST

NAME confirmed DOB confirmed GENDER confirmed ADDRESS confirmed

PROCEDURE CHECKLIST

TYPE confirmed SIDE confirmed CONSENT confirmed TIME OUT

