

Neurosurgery

Epidural injection for back pain

This leaflet aims to give you general information about your treatment. The details might vary to meet your individual medical needs. So it's important to always follow your consultant's advice.

Please raise any concerns or questions with your consultant or nurse. It's natural to feel anxious before hospital treatment. Knowing what to expect can help.

What is an epidural injection?

"Epidural" refers to the space surrounding the outer covering of the spinal cord.

For some people, an injection into the epidural space can help to relieve back pain or sciatic pain (shooting pain from the back down one or both legs) at least in the short term. This period of pain relief may allow them to become more active. Keeping active is crucial to recovery from chronic back pain.

An epidural injection for chronic back pain consists of

- a steroid
- a local anaesthetic or
- a combination of the two

These drugs are put into the epidural space using a special needle. The position of the injection depends on the spinal nerve responsible for the pain. This is usually in the lumbar region of the back (below the level of your lowest rib).



Patient Information

If the first injection successfully relieves your symptoms, up to three injections to the same area of the back may be given over a six-month period.

An epidural injection is routinely performed as a day case. So in most cases, it does not require an overnight stay in hospital.

You will be awake during the procedure. But you may be offered a sedative to make sure that you are relaxed and comfortable.

Your consultant will explain the benefits of having an epidural injection. They will discuss with you the associated risks and alternatives to the treatment.

Steroids

Steroids are drugs that reduce inflammation. Giving steroids by epidural injection to relieve chronic back pain and sciatica has not been formally approved by the Medicines and Healthcare Products Regulatory Agency (MHRA).

Using medicines in this way is fairly common in both NHS and private hospitals. But you should be aware that this is the case before the medicine is given.

Preparing for the procedure

Continue to take your medicines as normal unless your consultant tells you to stop. If you are unsure about taking your medication, please contact the hospital.

When you arrive at the hospital, you will be asked some questions about:

- your medical history
- your previous experience of hospital treatment

Patient Information

Before you come into hospital, you will be asked to follow some instructions:

- Have a bath or shower at home on the day of your admission.
- Remove any makeup, nail varnish and jewellery. Rings and earrings that you would prefer not to remove can usually be covered with sticky tape.
- Follow the fasting instructions in your admission confirmation letter. Typically, you must not eat or drink for about **six hours** before a general anaesthetic or sedation.

However, some anaesthetics allow occasional sips of water until 2 hours beforehand.

When you arrive at the hospital, a nurse will explain how you will be cared for during your stay. This is a good time to ask about anything else you need to know.

Consent

If you are happy to proceed with the treatment, you will be asked to sign a consent form. This confirms that you have given permission for the procedure to go ahead.

You need to know about the possible side-effects and complications of this procedure for you to give your consent. Please read the sections below for more information.

About the procedure

In a private room or cubicle, you will be asked to change into a hospital gown which opens at the back.

Epidural injections are usually performed in an operating theatre or anaesthetic room. Before the procedure begins, you will have a small plastic tube (cannula) placed in a vein in the back of your hand. This can be used to give you sedatives or other medicines if needed during your treatment.

Patient Information

If sedative drugs are given, you will feel relaxed and drowsy almost immediately. The procedure will not start until the sedatives have taken effect.

Your consultant will position you usually lying on your side or on your front. Your back will be cleaned with antiseptic solution. You may be given a local anaesthetic injection to numb the skin, using a short, thin needle.

During the epidural injection, your consultant may take X-ray pictures. This is to make sure the needle is correctly placed in the epidural space.

After the procedure

After the treatment, the needle is removed and the site is covered with plasters or a dressing.

You will be taken from the operating theatre to the recovery room. Your blood pressure and heart rate will be monitored, and the effect of the injection checked.

After this you will be taken back to your room or the day-care ward. You will need to rest on a bed for around two hours. The nursing staff will be on hand to make sure you are comfortable. If you have had a sedative, you may fall asleep during this time. Painkillers will be available to relieve any discomfort.

Going home

Before you leave, a nurse will give you a contact telephone number for the hospital. You will be advised of a possible date for your follow-up appointment with your consultant. This is usually about 6 to 8 weeks, although due to the pressures of NHS clinics, it may be longer.

The effects of any sedative may last longer than you expect. **You should not drive, drink alcohol, operate machinery or sign legal documents for 48 hours.** This means that you will have to arrange for someone to take you home. You should try to arrange for somebody to stay with you for the first 24 hours.

Patient Information

If you need them, continue taking painkillers as advised by the hospital. You should avoid strenuous exercise and expect to take one or two days off work. Your consultant will be able to advise you further.

Results

It is important to realise that epidural injections do not work for every patient. It may take several days until you feel the benefits of the injection and up to a month for the full effect. This effect can last anything from a few weeks to several months. Some people find their back pain recurs, for others it does not.

What are the risks?

An epidural injection for back pain is a commonly performed procedure. It is generally safe. For most people, the benefits of pain relief are greater than any disadvantages. However, all medical procedures carry an element of risk. This can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted, usually mild and temporary effects of a successful procedure:

- After an epidural injection you may feel numbness and weakness in your back and legs.
- There may also be some soreness at the site of the injection for the first 24 hours or so.
- Your symptoms of back pain may get temporarily worse before they begin to get better.
- You may have a headache over the next day or two.

Although the injection often contains a steroid, this does not pass into the circulation in large amounts. So you are unlikely to experience the side-effects sometimes associated with steroid tablets, such as nausea.

Complications

Complications are rare and include:

- Bleeding in the epidural space
- Infection in the epidural space - called epidural abscess
- Total spinal anaesthesia - very rarely, requiring ventilation till the effect of local anaesthesia wears off.
- Damage to neural structures.

For more information or clarification please contact:

Mr A Shad FRCS (Ed) FRCS (SN), Consultant Neurosurgeon
024 7696 5205

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 5205 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcnw.nhs.uk/feedback



Document History

Department:	Neurosurgery
Contact:	25205
Updated:	June 2023
Review:	June 2025
Version:	6
Reference:	HIC/LFT/478/07