

# Epidural injection

The aim of this information sheet is to help answer some of the questions you may have about having an epidural injection to treat your pain. Epidural injections are normally done to treat arm or leg pain due to spinal disease. This sheet explains how they are performed, the benefits, risks and alternatives of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you.

## What is an epidural injection?

The nerves that are responsible for your chronic pain are located in an area surrounding the spinal cord called the epidural space. An epidural injection directs medication into this space with the aim of relieving pain. Two types of medicine are usually used – a local anaesthetic and a steroid to help reduce inflammation.

Some of the medicines that we use are not licensed to be given as an epidural injection, and their use is termed 'unlicensed'. They have however been used this way worldwide for many years, and it is considered to be standard practice.

The leaflet, **Unlicensed medicines – a guide for patients**, has more information about unlicensed medicines. If you would like a copy, please ask your doctor, nurse or pharmacist. Alternatively you can call the Pharmacy Medicines Helpline – contact details are at the end of this leaflet.

## What happens during an epidural injection?

The injection is performed in the theatre environment using x-rays to guide the needle into the correct position.

- Before the injection, a thin flexible tube called a cannula is inserted via a needle into a vein in your hand or arm. This is so that we can give you any necessary medicines, such as in emergencies or to improve your comfort.
- You will be placed lying on your front or your side on the theatre table.
- Antiseptic is used to clean the skin on your back/neck and a local anaesthetic injection is given to numb the skin, to minimise any pain when the epidural injection is given.
- The epidural needle passes through the numb skin, between the bones of your spine and into the epidural space under x-ray guidance.
- Contrast dye is injected into the epidural space and viewed by x-ray to confirm that the needle is in the correct place. It may also help us to determine the location of disease.
- A mixture of local anaesthetic and steroid is then injected through the epidural needle, after which the needle will be removed.

## What are the benefits – why should I have this procedure?

It is not possible to answer on an individual basis how you will respond to this procedure. It may provide you with temporary or more permanent pain reduction. If successful, this treatment can help to increase your physical activity and reduce your pain medication.

## What are the risks?

Unfortunately no procedure is risk free. This type of procedure carries a minimal risk of side effects or complications. These may include:

- A headache – occurs in around one in every 200 cases.
- A skin infection where the needle was inserted, causing redness, swelling or discharge of pus – one in every 1000 cases.
- Bleeding and bruising at the injection site – this is common but usually mild.
- Temporary numbness/weakness as a result of the local anaesthetic – this usually resolves in two to three hours and may require you to stay in hospital overnight (although this is rare).
- Allergy to injected drugs – one in every 40,000 cases.
- Nerve injury such as temporary numbness or weakness – one in every 1000 cases. This usually resolves in days-weeks. Permanent nerve injury is so rare it is hard to be exact but a figure of one case per 30,000 procedures is suggested.

If headache or limb weakness occurs after leaving hospital please phone the pain service on **020 7188 4716**, Monday-Friday, 9am-5pm, or visit accident and emergency.

## Are there any other alternatives?

By the time you consider an epidural injection you should have already tried other more simple treatments. These could have included oral painkillers and physiotherapy.

## Giving your consent

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

## What happens on the day of the procedure?

Please attend the Day Surgery Unit at St Thomas' Hospital at the time on your appointment letter. Follow the instructions on the appointment letter.

Please remember to bring with you:

- dressing gown and slippers
- any medication you are taking
- something to read and your mobile phone.

When you arrive give your name to the receptionist. You will be asked to take a seat in the reception area before you are prepared for the procedure.

A nurse will take your blood pressure and pulse and you will be given a gown to change into. You can put your own dressing gown on over this gown while you wait. You will then be taken to the preoperative area to wait for your procedure.

Please note the time stated on your letter may not be the time of your actual procedure. This is a time set to make sure that you are prepared and ready for your procedure. Therefore, you may have to wait for a while in the preoperative area. Your anaesthetist and pain specialist will see you before your procedure.

Whenever possible a friend or relative will be able to stay with you while you wait, but seating can be limited on busy days.

All women of child-bearing age will be asked to provide a urine sample, for us to test to rule out pregnancy. You must tell your doctor if you could be pregnant. X-rays are safe for adults, but may harm your developing baby, so they aren't usually done during pregnancy. If you are pregnant, your doctor will discuss alternatives to the procedure.

It is important that you take all your medication as usual, apart from blood thinning drugs (for example warfarin, rivaroxaban, clopidogrel), or specific diabetes medication (for example insulin or metformin). If you take blood thinning drugs or diabetes medication, then please inform the pain team on 020 7188 8877 at least two weeks before your injection, to help us manage these.

## **Will I feel any pain?**

Your doctor will be doing a procedure on a very sensitive area so you may experience some pain. You will be given local anaesthetic and, if appropriate, sedation to minimise this. If you have any concerns, you can discuss them with your doctor on or before the day of the procedure.

## **What happens after the procedure?**

You will need to stay in the Day Surgery Unit for at least one hour after your procedure so your recovery can be monitored and we are sure that it is safe for you to go home.

Any medication that you need to take will be explained to you and you will receive written information about the medication before you go home. You will also be given written instructions about the care you will need when you go home. Please feel free to ask any questions before you leave.

**Please arrange for a responsible adult to drive you home or accompany you in a taxi. We do not recommend public transport because it is not safe if you feel unwell. If you are travelling home alone (this is only recommended if you have not had any sedation), please use a taxi.**

You will be able to leave as soon as your nurse is satisfied that you are well enough and that there is a responsible adult to accompany you. If your surgery is in the morning the person collecting you should phone the Day Surgery Unit between 11am and 11.30 am to find out when you will be ready. If your surgery is in the afternoon the person should phone between 3pm and 3.30pm. Contact details for the Day Surgery Unit are listed towards the end of this leaflet.

## What do I need to do after I go home?

After the procedure and for the rest of the day, it is important for your safety that you follow the advice below.

Although you might feel fine, your reasoning, reflexes, judgement and co-ordination skills can be affected for up to 24 hours after your procedure. Please rest at home for the remainder of the day and follow the advice and instructions that the doctors and nurses have given you.

### **For 24 hours after the procedure (or 48 hours if you have had sedation), do not:**

- drive any vehicle, including a bicycle
- operate any machinery
- attempt to cook, use sharp utensils or pour hot liquids
- drink alcohol
- smoke
- take sleeping tablets
- make any important decisions or sign any contracts.

It is important to mention that some people feel pain relief immediately after the procedure, but some people feel no immediate change and the pain relief develops over a few days. Some people feel worse for a short period before the pain relief develops. If you experience some initial soreness you should take your usual painkillers and rest until it settles.

## Will I have a follow-up appointment?

Yes. Before you leave the hospital your follow-up appointment will be arranged. You will either be sent an appointment to see your doctor in the outpatient department or you will be telephoned to assess the effectiveness of the procedure.

### **Contact us**

If you have a problem at home and you are worried about your condition please telephone the Day Surgery Unit:

- Guy's Hospital – 020 7188 1738
- St Thomas' Hospital – 020 7188 3222

Alternatively you can contact the Pain Management Unit at 020 7188 4714 from 9am to 5pm, Monday-Friday to talk to one of the nurses.

Before you go home you will be given information about who to contact if the Pain Management Unit is closed.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

**Pharmacy Medicines Helpline**

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

**Patient Advice and Liaison Service (PALS)**

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

**e:** 020 7188 8801 at St Thomas'

**t:** 020 7188 8803 at Guy's

**e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**Language Support Services**

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

**t:** 020 7188 8815      **fax:** 020 7188 5953

**NHS 111**

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

**NHS Choices**

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

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**t:** 0848 143 4017

**e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)

**w:** [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)

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