

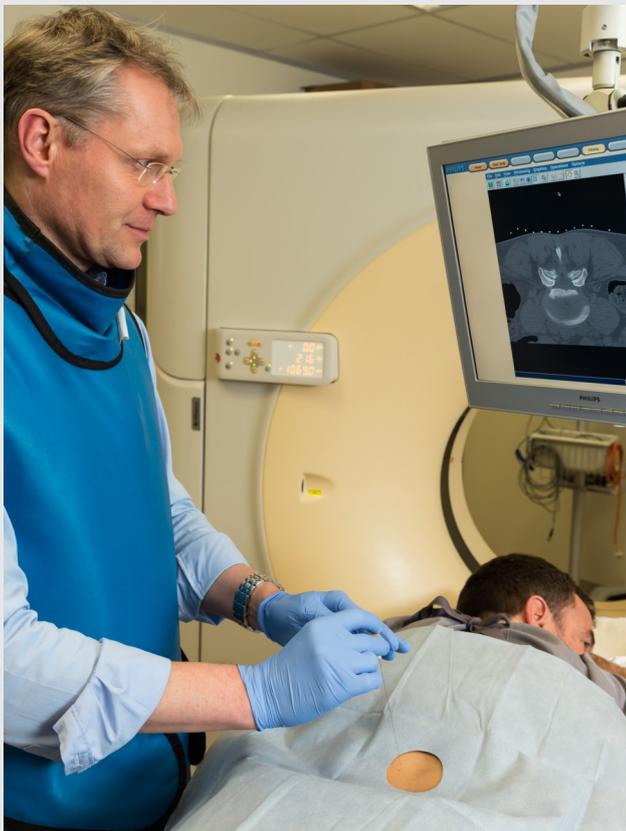
# FACT SHEET: CT Guided Epidural Injection

## What is an Epidural Injection?

This procedure involves an injection of local anaesthetic and steroid into the epidural space of the spine to provide ongoing pain relief. Epidural injections are used to treat neck, back, arm and leg pain, depending on which level the needle is placed and exactly where in the epidural space. By delivering an epidural injection directly into the epidural space via CT guidance, the medication moves throughout the epidural space coating the nerves therefore reducing pain and inflammation in the area.

## Preparation for the procedure

There is no specific preparation required. If you are on any blood thinning medication (Aspirin, Warfarin, Iscover, Plavix) please advise your referring doctor or High St Xray as these may need to be ceased before the procedure.



*Needle in epidural space*

We require that you bring a responsible person to drive you home after the procedure. This is because as local anaesthetic has been injected into the epidural space and the anaesthetic may come into contact with adjacent nerves and may result in your arm or leg (depending on the injection site) feeling numb, heavy, clumsy, or weak therefore making driving unsafe.

This usually reverses in approximately 20-40 minutes.

Please bring any prior scans (x-rays, ultrasounds, CT, or MRI's) and reports, as these will assist our Radiologist in assessing and effectively treating your condition.

## What are the risks and complications?

The risks of spinal procedures are rare, however they may include:

- Infection at the skin puncture site or deeper within the facet joint (1-2%). These can be serious (<0.1%) requiring hospital admission.
- Bleeding can occur in patients with bleeding disorders and on 'blood thinning' medication.
- Nerve damage from the direct needle trauma, or as a consequence of the above complications.

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- The risk of this is approximately 1%.
- Allergic reaction any of the substances used during the procedure such as cortisone, dressing, local anaesthetic or antiseptic may cause an allergic reaction.

## During the procedure

Spinal injection procedures are done with you lying face down on the CT scanner table. Once in this position we will ask you to remain as still as possible.

A series of planning images are performed, with the area of needle entry planned and then a mark will be placed on your skin.

The Radiologist will then clean your skin with a cold antiseptic wash and injects local anaesthetic into the injection site. This will sting for about 30-60 seconds, until the local anaesthetic takes effect. A fine needle is then passed through the skin and tissues, and is manipulated and moved under CT guidance until it enters the epidural space. The CT table will move in and out during this time to check the position of the needle.

Occasionally air or x-ray contrast can be injected to confirm the needle is in the correct position. The doctor will then inject a mixture of steroid and local anaesthetic into the area. Some discomfort may be felt for a short time until the local anaesthetic numbs the area. A simple dressing will be applied to the injection site.

## After the procedure

The effects of the treatment can vary. At most, patients may experience some slight minor discomfort in the back.

Since the local anaesthetic is administered around the nerve, most patients should be pain free for a few hours. After a few hours, your pain may return and some patients can experience a sore back for a couple of days. Simple paracetamol can help with this.

Patients will be kept at High St Xray for approximately 30 minutes for observation and will be discharged after they are walking safely and feeling well.

You should not drive for the rest of the day. The following day you may return to work and gradually increase your activities. You should start to feel some pain relief around 3-5 days after the injection.

## Follow up

A follow up appointment with your referring doctor or health care provider is recommended to discuss your results of the procedure. We recommend you do this approximately 3 weeks following the procedure.

The Radiologist conducting the spinal injection will send your referring doctor a report.

