

ASCENSION ST VINCENTS

EPIDURAL STEROID & FACET JOINT PATIENT HANDOUT

Radiologist who performed your procedure:

Procedure Description:

- Image-guided epidural steroid injections and lumbar facet joint injections are procedures used to help diagnose and treat back and leg pain caused by inflammation or irritation of spinal nerves or facet joints.
- An epidural steroid injection delivers medication into the epidural space around the spinal nerves to help reduce inflammation and relieve pain that may radiate into the legs (such as sciatica).
- A lumbar facet joint injection delivers medication directly into or around the small joints of the spine that help provide stability and movement. These joints can become inflamed and cause localized low back pain.
- During the procedure, a radiologist uses X-ray or CT imaging to precisely guide a small needle to the correct location. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area. A mixture of long-acting anesthetic and steroid is then injected to help decrease inflammation and pain.
- The procedure usually takes 15-30 minutes. You will then be observed for period of time to monitor for any complications.
- Many patients experience pain relief shortly after the injection due to the anesthetic. Steroid medication may take 1–3 days (sometimes longer) to provide longer-lasting relief.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.

Benefits:

- Can reduce back and leg pain caused by nerve or joint inflammation.
- Imaging allows the radiologist to precisely target the affected area.
- Minimally invasive procedures performed with small needles.
- May provide rapid pain relief from the injected anesthetic.
- Steroid medication may provide longer-lasting relief by decreasing inflammation.
- May improve mobility and ability to participate in physical therapy or daily activities.
- May reduce the need for oral pain medications in some patients.
- Most patients tolerate the procedures well.

Risks & Potential Complications:

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.

- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, blood vessels, spinal cord or nerves can occur but is uncommon.
- Temporary numbness or weakness in the legs can occur from the local anesthetic and usually resolves within several hours.
- A brief increase in pain (“steroid flare”) can occur for 1–2 days after steroid injection.
- Headache that worsens when standing (suggesting a spinal fluid leak) can occur but is uncommon.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

Alternatives:

- Oral medications such as anti-inflammatory drugs, muscle relaxants, or pain medications.
- Physical therapy or exercise-based rehabilitation programs.
- Activity modification and lifestyle changes.
- Chiropractic care or massage therapy in select patients.
- Other injection therapies or nerve blocks, depending on the source of pain.
- Surgical evaluation in appropriate patients.
- Pain management or spine specialist consultation for additional treatment options.
- Some patients choose no further treatment; however, this may allow symptoms to persist or worsen and is generally not recommended.

Aftercare:

- A bandage will be applied over the procedure site. You may remove the bandaging after 24 hours.
- You may shower and allow water to flow over the site 24 hours after your procedure, however, do not submerge the site in water (bath, pool, hot tub or ocean) until the drain has been removed, and the site has healed.
- If you were provided with an ice pack, apply it to the site periodically for 15–30 minutes after your procedure.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 1 week after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; headache that worsens when standing; new weakness, numbness, or tingling in your arms or legs; or difficulty urinating or having a bowel movement. Call 911 in the event of an emergency.

- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay), 691-1297 (St Johns) or Optimal Imaging (450-6960). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.