

# *Hampton Roads Radiology Associates*

## **Patient Information**

### **Epidural Steroid Injection (ESI)**

Your referring physician has requested that you have an epidural steroid injection. The following is a description of the procedure and a description of the potential complications, so that you can give informed consent to have the procedure.

An epidural steroid injection (or ESI) is an invasive procedure with some uncommon risks, so you will need to give informed consent. Local anesthesia (numbing medicine) will be injected underneath your skin. A needle will be placed with fluoroscopic (x-ray) guidance into the spine along the fibrous fluid-containing sac that contains the lumbar nerve roots. A small amount of contrast (x-ray dye) will be injected to confirm correct needle placement. Then an injection of steroids will be made into the same location. You will then be monitored for potential complications in the hospital for a short time after the procedure (usually about 30 minutes) until you are discharged. You will be able to eat and drink as well as use the bathroom while in the hospital after the procedure.

Most complications of epidural steroid injections are rare and the procedure is very safe. You need to know the potential complications, which include:

1. **BLEEDING:** As with all needle procedures, bleeding can occur. As long as you have no bleeding tendency and are not on any blood-thinners such as Coumadin, bleeding complications are extremely rare. However, patients have rarely had to undergo emergency surgery to relieve pressure on the nerve roots and spinal cord because of bleeding after needle procedures like epidural steroid injections.
2. **INFECTION:** Any needle passing through the skin can introduce infection, which in an epidural injection would be meningitis. This is an extremely rare complication and sterile technique will be used.
3. **SPINAL HEADACHE:** This is a rare complication that may occur if a small hole is made in the fibrous sac and does not close up after the needle puncture. These small holes are only made in less than 1% of epidural injections and usually heal on their own. The spinal fluid inside can leak out, and when severe, the brain loses the cushioning effect of the fluid, which

causes a severe headache when you sit or stand. These types of headaches occur typically about 2-3 days after the procedure and are positional - they come on when you sit or stand and go away when you lie down. If you do develop a spinal headache, it is OK to treat yourself. As long as you do not feel ill and have no fever and the headache goes away when you lay down, you may treat yourself with 24 hours of bed rest with bathroom privileges while drinking plenty of fluids. This almost always works. If it does not, contact the radiologist who performed the procedure or your referring physician. A procedure (called an epidural blood patch) can be performed in the hospital that has a very high success rate in treating spinal headaches.

4. **STEROID SIDE EFFECTS:** Epidural steroids may rarely produce unwanted side effects. Some of these potential side effects include increased blood sugar or hyperglycemia (especially in diabetic patients), fluid retention, elevated blood pressure, and transient redness or facial flushing. (Side effects from steroids may be common if they are taken daily over a length of time, rather than as an isolated epidural injection.)
5. **ALLERGIC REACTION:** The use of any medication, including x-ray contrast, has the possibility of producing an allergic reaction. Please inform your physician of all of your known medical allergies before the procedure.

If you have any questions, please feel free to ask the physician performing the procedure prior to signing the consent form.