

Thoracic Epidural Steroid Injections

A guide for patients

Where is the epidural space?

The epidural space is a space outside the spinal cord that runs the length of the spine. It is located just outside the dural sac which surrounds the nerve roots that come out of your spinal cord.

When is an epidural performed?

An epidural is often performed for radicular pain (aka sciatica) when a nerve root is irritated or compressed. An epidural can be performed in the neck (cervical spine), upper back (thoracic spine) or lower back (lumbosacral spine). It may also be helpful for treating neck pain from disc disease (aka discogenic pain).

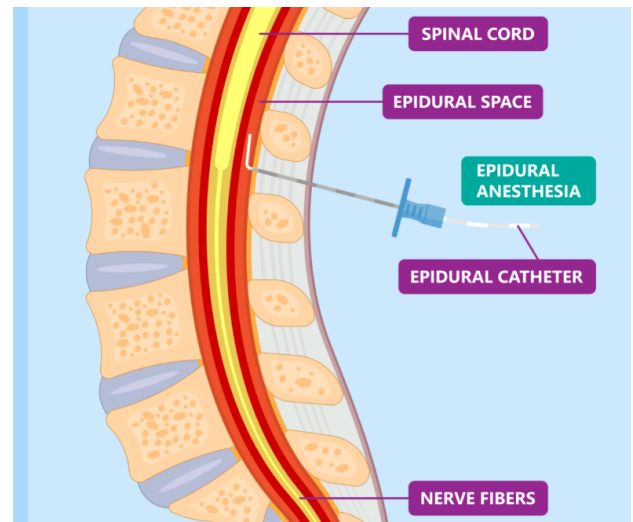
How does an epidural help to reduce pain?

Analgesia can be deposited in the epidural space. Commonly these include local anaesthetic (lignocaine) and steroids which help to reduce nerve root irritation and reduce pain.

Different approaches to injection

Different ways can be used to access the epidural space. This can include transforaminal or translaminar. Often the epidural space is accessed in the thoracic spine, and a catheter is then fed to the correct level in the cervical spine where the steroid and local anaesthetic is then injected.

The most suitable way varies between patients and we will conduct a thorough assessments to assess the most appropriate approach for you.



Before the Procedure

You will need to fast before the procedure. This means:

- No food 6 hours before
- No liquids (except water) 6 hours before. This includes coffee, tea, orange juice etc.
- You can drink water up to 2 hours before the procedure.

Take your usual medications with a small sip of water. Please contact us if you are taking any blood thinning medications, diabetes medication, pregnant, or unwell.

The Procedure

The procedure itself takes 15-30 minutes. It is a day case, meaning no overnight stay is required.

An Anaesthetist will provide sedation and monitor you during the procedure.

The procedure is performed in the operating room with fluoroscopy (X-ray) to ensure accurate needle placement. A loss-of-resistance technique is used to access the epidural space, usually in the thoracic spine. A plastic catheter is then directed towards the correct level and contrast is used to confirm the position. Local anaesthetic and steroid is then injected. The catheter is then removed.

A thoracic epidural usually provides 6-12 months of pain relief. The procedure can be repeated if your pain returns.

After the Procedure

- You will be taken to recovery and monitored until you are ready for discharge.
- You will not be able to drive, so ensure someone can drive you home safely.
- Avoid over-exerting yourself immediately after the procedure.
- You may gradually return to your day-to-day activities.

If you develop any symptoms (fever, swelling, worsening weakness or numbness, bleeding, loss of bowel or bladder control) after the procedure or have any other concerns, please contact us, your GP, or your local Emergency Department.

You will be reviewed by our pain nurse via telephone a few days after the procedure.



What are the risks?

No procedure is risk-free but the risks for this procedure are considered to be relatively low.

Possible risks include infection, bruising, haematoma, nerve injury and allergic reactions.

Infection is minimized with appropriate sterile and aseptic precautions.

Bleeding risk is minimized by stopping blood-thinning medications a few days prior. If this applies to you, our pain nurse will remind you to stop your blood-thinning medications a few days prior to your procedure.

Risk of nerve injury is minimized as we use fluoroscopy to guide accurate needle placement.

There is a risk of dural puncture which may result in a postdural puncture headache. This is usually conservatively managed but an epidural blood patch may sometimes be required.

Severe allergic reactions to the injectates (ie local anaesthetic, steroids) are very uncommon.

Steroids may produce side effects including stomach irritation, insomnia, mood swings, flushing, palpitations.

Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.

Patients need to be aware that the outcome of the procedure is variable between individuals and they may not receive the desired benefits. The therapeutic benefits of the procedure are transient, and repeat injections may be required.

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