

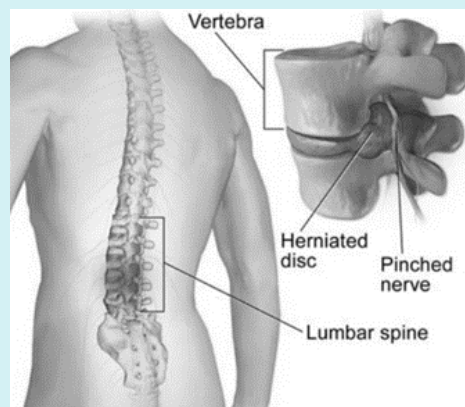
## Information leaflet

# Transforaminal Epidural Injection (A5755)

You have been added to the waiting list for a procedure called a transforaminal epidural injection. It is sometimes also referred to as a nerve root block. This is an injection in your lower back.

The intervertebral discs can sometimes be damaged and bulge. The small joints of your back can develop wear and tear (arthritic) changes. These can cause narrowing of the spinal canal. The spinal canal is the part of your spine that contains the spinal nerves.

When these nerves don't have enough space, you can get pain, pins and needles or heaviness in the legs. This procedure aims to relieve the leg symptoms caused by pressure on the spinal nerves.



## What is in the injection?

The injection is a mixture of local anaesthetic and steroid. The steroid is an anti-inflammatory medication to reduce the effects of inflammation in the area. The anaesthetic is included to help reduce the pain of the procedure and block pain signals.

The anti-inflammatory effects of the injection sometimes work immediately but may take up to 2 weeks to reduce your pain. The reduction in pain might be short term or long term and it is difficult to predict how an individual will respond.

The goal of these injections is primarily to reduce your leg symptoms although it can sometimes help with back symptoms as well.

## **Medicines**

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

## **What happens during the procedure?**

On the day of your procedure, you will see Mr Bateman who will confirm you wish to proceed. He may ask you to confirm your symptoms again. You will be asked to change into a hospital gown. If you have opted for sedation then the anaesthetist will also see you and give you further details about your sedation. You may have to wait a while on the ward for your turn to have the injection.

When everyone is ready you will be escorted to the operating theatre by a nurse and asked to lie on your front with a pillow to support your chest and hips. Mr Bateman will confirm your details with you before starting.

The lower part of your back is exposed by lowering your underwear. Antiseptic solution is applied to your back with a small sponge. Mr Bateman will rest a needle on your back and take an X ray. This is to find the correct location for the injection. Local anaesthetic is then injected using a very small needle. A slightly longer needle is then inserted under x-

ray guidance and some contrast injected. Once Mr Bateman has confirmed that the needle is in the correct location then the mixture of steroid and local anaesthetic is injected slowly. Once the needle has been removed a spray on dressing is applied. You will then be helped back to the ward in a wheelchair.

When you feel comfortable and the nurse says it is safe to do so, you can get dressed and a friend or relative can take you home.

### **What are the risks?**

This injection can be uncomfortable.

The drugs used may also cause unusual sensations such as headaches, light headedness, feeling faint or sleepy and a sensation of warmth and flushing in your legs. Do not be alarmed by these feelings, different reactions can be quite normal.

Please mention to Mr Bateman or a nurse any strange feelings you experience.

Sometimes leg or back symptoms may flare up for a few days in response to the steroid. If this does occur symptoms should settle again by two weeks at the latest.

### **Possible rare complications**

There is a low risk of infection at the injection site – less than 1 in 5000. If any redness, heat, swelling or discomfort around the injection site persists after 24 hours please telephone the ward.

There is a very small risk of bleeding that could cause pressure on the spinal nerves (<1 in 10,000).

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

Please be careful when you first try to stand after the injection as your leg or legs may feel weak or numb.

You will need to organise transport home, it is not advisable to drive until the day after your injection. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

In order to gain maximum benefit from the injections, we suggest that you consider the following advice:

- Remain as active as pain allows
- Do regular core strengthening exercises and stretching exercises
- Consider joining a Pilates or other similar exercise class
- Avoid heavy lifting for the first few weeks
- Avoid sitting for long periods

As the injections begin to take effect, we hope you will experience less pain. You can reduce your pain relievers as your symptoms improve.

## **If you are female**

Your periods may last longer than normal and be heavier than you usually experience; this effect is temporary. Rarely, you could miss a period, but this irregularity will also be temporary.

Postmenopausal ladies may experience some spotting.

It is possible for the treatment to interfere with the effectiveness of the oral contraceptive pill, therefore in the short term additional contraception is advisable.

## **If you have diabetes**

Your blood sugar may increase, we therefore advise you to monitor your blood sugars more frequently than normal. Should the increase in your blood sugar persist, please get advice from your GP as soon as possible.

## **Alternatives**

Managing your symptoms in other ways is an option:

This can take the form of medications, including pain relievers.

Physiotherapy may be beneficial in teaching core strengthening exercises and enabling you to self-manage your problem in the longer term.

If surgery is an option then Mr Bateman will have discussed this with you.

## **Will it work?**

Evidence suggests that this injection has a 60–70% chance of improving your symptoms in a meaningful way and a 50% chance of avoiding the need for further treatment in the form of surgery.