

Information for patients undergoing spinal injections

The aim of this leaflet is to help answer some of the questions you may have about having a spinal injection.

It explains the benefits, risks, and what you can expect when you come to for the procedure.

What is a spinal injection?

Your spine is made of a number of bones called vertebrae. They are connected to one another allowing your spine to move and also protects the spinal cord and nerves. These strong interconnections are made up of intervertebral discs (which act as your spine's shock absorbing system) and facet joints (which connect the vertebrae to one another). These structures can wear down and, with time, and cause pain. This happens in your neck and your back.

Spinal injections deliver medicines into or near your spine, around the source of your pain.

There are two medicines used in spinal injections:

1. Local anaesthetic: gives an immediate relief
2. Steroid: Reduces inflammation in the injected area and can take 2 weeks to work fully

A successful spinal injection can last up to three months

Types of spinal injection (can be in the neck or back)

1. Epidural injection targets the space that surrounds your spinal cord and disc.
2. Facet or sacroiliac joint injection targets the joints that link the bones of your spine.
3. Nerve root injection targets individual nerves in your spine which are pinched.
4. Electricity can also be used to prolong the pain relief. (Pulsed radiofrequency / Rhizotomy)

The type of spinal injection you have will be based on your specific symptoms.

What are the benefits – why should I have a spinal injection?

Spinal injections are used to diagnose the cause of your pain and to provide intermediate term pain relief. This can be repeated periodically to allow you to progress with other treatments such as physiotherapy.

What are the risks of a spinal injection?

In general, the risks relate to the anaesthetic and the spinal treatment itself. Spinal injections are done with local anaesthetic and sedation (to help you relax). Spinal injections are commonly performed and are generally safe. If complications occur, they are usually mild and resolve after about 1-3 weeks.

Rare complications include:

Infection (< 1 in 100) / bleeding (< 1 in 100) and or local bruising / headaches (< 1 in 100)

Spinal nerve injury (1 in 100) - This can lead to a temporary loss of feeling or muscle weakness in the legs or bladder/bowel dysfunction.

Steroid side effects: hot flushes, mild abdominal pain, fluid retention, a temporary rise in blood sugar, and menstrual irregularities (in women). These should settle within a few days.

Can everyone have spinal injections?

No, some people are not good candidates for spinal injections. This includes those with:

1. Active infection (such as blood poisoning, chest or dental infection)
2. Skin infection at the site of needle puncture
3. Bleeding disorder or patients taking medicines to thin their blood (e.g. Warfarin/Plavix)
4. Allergy to contrast, steroids or local anaesthetic
5. Poor medical health

How can I prepare for a spinal injection?

Please tell us if you have a bleeding disorder or take any of these blood thinning medications such as **(Warfarin/Plavix/Xarelto/Pradaxa/Eliquis/Lixiana)**, or if you are **pregnant**.

What happens during the treatment?

You will be asked to sign a consent form. You will be taken to the operating theatre. You will lie on your stomach or your back depending on your injection site. A drip will be inserted for safety and for sedation. You may be given sedation. After sterile cleaning of the injection site, local anaesthetic is injected to make the area numb. The injection needles are then carefully inserted into your spine using an x-ray or ultrasound guidance. It is important that you do not move. Local anaesthetic and steroids are then injected into your spine. If using electricity, testing will be performed to ensure the correct nerves/structures are targeted. The treatment takes around 10-20 minutes.

You may have some tenderness at the needle insertion site. This may last a few hours. You can place an ice pack on the area to reduce the discomfort, but for no longer than 20 minutes at a time. You should never put ice directly on your skin as it can cause frostbite. It is also common after this treatment to have an increase in pain for the 24 to 72 hours. You should not be alarmed by this. Your symptoms should improve in the days following the spinal injection. The local anaesthetic will keep you pain-free for a while, but it is best to take things easy for the first 24 hours. After this, your back may start to feel sore again because the steroids may take up to 2 weeks to work. Patients after electricity treatment may have worse pain for up to 2 weeks before gradual significant pain relief. The spinal injection can work up to 3 months before you feel some of symptoms recur.

What happens after the procedure?

Following the treatment you will be taken to the recovery department. This is where you are monitored for the initial post-operative period. You will then be transferred to the Day Ward.

Your leg/arm may be heavy after the injection. You must not walk unsupervised if that is the case. If you have any concerns about your walking or controlling your bladder/bowel, you must tell a member of staff. You will need to arrange for a responsible adult to accompany you home. After Rhizotomy, your pain may temporarily get worse before it gets better, usually within 1-2 weeks.

What do I need to do after I go home?

It is essential that you continue to take painkillers as advised after your treatment.

The plaster can be removed after 24 hours and you can then have a bath or shower as normal. Before the plaster is removed, avoid getting the injection site wet.

Generally, there are no restrictions after your spinal injections once the post-treatment pain has settled down. You should be able to return to physiotherapy or other spinal exercises within a week of your injection.

Suite 33
The Green Mall
Beacon Court
Sandyford
D18 DR77

Suite 8
UPMC Sports Surgery Clinic
Northwood Avenue
Santry Demesne
D09 C523

UPMC Kildare Hospital
Prosperous Road
Clane
Co Kildare
W91 W535

Depending on the nature of your employment, you may wish to return to work after 48 hours.

If your pain does not settle within four weeks, you can either be reviewed in your scheduled outpatient appointment or you can contact your GP for advice and pain management.

Will I have a follow-up appointment?

Yes, four weeks after your surgery. We will send you an appointment letter for review in Tallaght/Beacon/Santry/Clane.

Contact details:

Barbara/Sophie

Tel: 01 531 0079

Email: philip.hu@imeddoc.net

Please contact your GP or attend your local A&E department if you have any urgent medical concerns outside office hours.