

Spinal injections

Back and/or leg pain can occur when a part of your spine or a nerve in your spine becomes irritated. Most people with this pain will find their symptoms get better on their own within 6 to 12 weeks. If the pain does not settle down then a spinal steroid injection may help.

What should I expect before the injection?

The clinician you see will discuss with you your diagnosis and explain to you why an injection may help your pain. If you choose to go ahead with the injection you will be asked to sign a consent form. This will detail the procedure, the benefits and the risks associated with an injection.

If you require an oral sedative due to anxiety about the procedure, please inform a member of staff before the day of your injection.

What types of injections are performed?

• Epidural steroid injections

This is a common type of injection that can help back and leg pain. The medications are injected near the epidural space and reduces inflammation.

• Facet Joint injections

The medication is injected into a joint in the spine called a facet joint reducing any inflammation that can cause back pain.

• Sacro-iliac Joint injections

The medication is injected into this pelvic joint at the base of the spine. This can help certain types of back pain.

What are the injections used for?

- **Diagnosis** – to help us understand more about your problem
- **Treatment** – to help decrease your pain levels

What medications are used?

The medications used in injections are strong anti-inflammatory cortico-steroid such as Triamcinolone (Kenalog) and local anaesthetic such as Lidocaine or Marcaine.



To guide the main needle into place the injection is done under X-ray guidance. When the needle is in position, some contrast dye is injected to check that it is the correct place then the medications are injected.

What happens on the day of the injection?

The injections are done as a day case. You can eat and drink normally on the day of your injection. If you are having an oral sedation you may have to stay in longer. It is necessary to do the injections when you are awake. If you are or may be pregnant please let a member of the team know.

You will be asked to put a clinical gown on prior to going to theatre. Please bring with you a dressing gown from home to go over the clinical gown.

In the theatre you will be positioned onto a bed, this could be on your side, fully on your front, or on your front with your legs off the bed and feet on the floor.

You will be monitored after your injection to check you are fine to go home. Please have a friend or a family member to drive/accompany you home after the injection.

Will the injection be painful?

Spinal injections can sometimes be painful, this pain is usually short lived. Being awake during the injection helps us to identify the correct area that is causing your pain and we can monitor how you are throughout the procedure.

Who should not have an injection?

Please inform your doctor if you have any of the following:

1 Bleeding tendencies

If you have a tendency to bleed heavily or are on blood thinning medication eg warfarin.

2 Infections

If you have an infection or are on antibiotics please inform us. Having a spinal injection could put you at more risk of getting an infection in the spine.

3 Unstable medical conditions

If you have any medical problems that are not stable, these must be treated prior to spinal injections, eg diabetes mellitus, renal failure or heart failure.

4 Allergy

It is important you make us aware of any allergies that you have eg local anaesthetic, steroid medication, shellfish, Iodine.

5 Immunosuppressed

If you have any medical conditions or are on any medication that suppresses your immune system it is important to tell us. This could increase the chance of infection.



What are the risks associated with spinal injections?

Spinal injections are routinely carried out with complications occurring only rarely. However, it is important you understand the potential risks of this procedure.

1 Infection

The injections are always done using sterile techniques, very occasionally there is a chance of infection.

2 Neurological complications

There is a small risk of damage to the nerves around the spine by the injection. This is usually temporary.

3 Bleeding

An injection can occasionally cause injury to a blood vessel. Sometimes blood leaking out of this can cause a collection of blood called a haematoma. A haematoma can be very serious. It is however very rare.

4 Persistent pain

The most common risk associated with a spinal injection is that it does not relieve your symptoms and there is a very small risk that pain could be increased after the injection.

5 Dural puncture

The needle can accidentally enter the sac around the spinal cord causing some leakage of the cerebral spinal fluid that is contained in the sac. This can lead to a severe headache and nausea.

6 Vascular complications

There is a very small chance that the medication is injected into one of the blood vessels around the spine, or the walls of a blood vessel can go into spasm. This could lead to complications such as stroke or cardiac arrest.

7 Arachnoiditis

Sometimes the injection can cause chronic irritation of small nerve fibres this is very rare. This can cause the nerve fibres to stick together which can cause long-term pain.

8 Bladder Dysfunction

The injection numbs nerves and very rarely could numb the nerves to the bladder or bowel for a short time. You may experience difficulty controlling these functions temporarily.



What can I expect after the injection?

Immediately after the injection, you may find that your pain has completely gone. This is due to the local anaesthetic, the effects of this can last for up to 24 hours. You may then notice your symptoms returning. It may take several weeks for the anti-inflammatory steroid to start to take effect.

It is important for you to avoid strenuous or repetitive activities such as heavy lifting, repetitive forward bending or prolonged sitting, for one week after the injection. It is also important to remain active and vary positions and activities regularly.

You will be given a follow-up appointment to see a member of the team before you leave the hospital.

REMEMBER: The majority of back and leg pain commonly settles on its own, the best way to encourage this is to remain active.

If your pain improves before your appointment please contact us.

Contact details

Doncaster Royal Infirmary, Tel: 01302 366666 ext 3258.

Bassetlaw Hospital, Tel: 01990 500990 ext 2542.

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Minicom (Text talk): 01302 553140

Email: pals.dbh@dbh.nhs.uk

