

# Caudal epidural injections

## Pain Management

### Patient Information Leaflet

#### Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet will provide you and your relatives with information about caudal epidural injections. It includes what the injection is, the benefits or risks and what the procedure involves.

#### What is a caudal epidural injection?

A caudal epidural injection is used to improve the pain caused by irritated or inflamed nerves in the spine which causes sciatica-type pain in the lower limbs (hips, legs, feet). This injection is most commonly given to people who have pain across the lower back and buttocks with pain spreading along one or both lower limbs.

It is injected into the base of your spine, close to your coccyx (tail bone). The epidural injection consists of both local anaesthetic and steroid which both act towards blocking the pain signals sent to the brain. The steroid also reduces swelling and inflammation which may be irritating the nerves and causing some of the pain you are experiencing.

## What are the benefits?

The local anaesthetic numbs the nerves in the short term. The steroid reduces inflammation which can often provide long term pain relief.

Initially, for the first few days, you may experience a worsening of your pain but after this you should notice the pain relief. The injection can relieve the pain for a few weeks or months and any recurring pain may not be as severe as before. However, everyone experiences the effects in a different way.

Steroids have been used for decades for their beneficial effects. Although steroids are not licensed for this specific procedure, their use is endorsed by the British Pain Society. The steroids we use act locally and so minimise any side effects and risks.

## What are the risks?

Overall, epidural steroid injections are very safe and serious side effects or complications are rare. However, like all injection procedures there are some risks:

### Common risks

- Bruise at the site of injection.
- Drop in blood pressure.
- An increase in your pain – this should only last a few days.
- Temporary leakage of urine may occur as the bladder nerves are numbed by the local anaesthetic.
- A feeling of ‘dead legs’ may occur – this should stop after a short period of time but if not, you may have to stay in hospital overnight.

### Rare risks

- Headache.
- Bleeding.
- Infection.
- A prolonged increase in pain after the procedure.

- Anaphylaxis – severe allergic reaction to drugs.
- Seizures.
- Spinal cord damage.
- Paralysis.

If you experience any of these rare risks, please contact the Pain Management Helpline on 01384 244735 (9am to 5pm, Monday to Friday), your GP or in an emergency dial 999.

### **Steroid-related issues**

Compared to regular steroid use, the steroid injection used for pain procedures is associated with minimal side effects, however:

- Diabetic patients – may experience a slight rise in blood sugar for up to two weeks so you should monitor your blood sugar very carefully. Contact your GP or diabetic nurse if you have any problems.
- Heart failure patients – may experience increased shortness of breath due to salt and water retention. Contact your GP or nurse if you have any problems.

### **X-ray precautions:**

- The procedure uses X-rays and these use a small amount of radiation which may add slightly to the normal risk of cancer.

**Female patients – you must tell us if you are or might be pregnant. If you are not sure, we will offer you a pregnancy test.**

### **What are the alternatives?**

You do not have to have a caudal epidural injection and your consultant will discuss alternative treatments with you appropriate to your condition. If you prefer, you can continue to take painkilling medication without having any other treatment.

## How do I need to prepare for the procedure?

- You should not eat for six hours before the procedure but you can drink clear fluids up until two hours before procedure. Clear fluids include water or diluted squash but not fruit juices, tea, coffee or milk.

The exception to this is if you are diabetic. In this case, you should discuss with your hospital doctor or GP what you should do about your diabetes medication.

- Your treatment will be at Russells Hall Hospital or Corbett Outpatient Centre as an outpatient in the Day Surgery Unit (either a morning or an afternoon appointment). This will be confirmed at your clinic appointment.
- You will be at hospital for between two to four hours.
- You will need to arrange for someone to drive you home afterwards.
- Please arrange to have someone with you overnight.
- Please note that if you have sedation during the procedure:
  - You should not drive or operate machinery for 24 hours afterwards.
  - You may not be able to co-operate during the procedure.
  - You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
  - The effect of the sedation may be prolonged by other drugs you are taking.

## What do I do about medication?

You should take all your regular medications **except blood thinning medication**. These include clopidogrel, warfarin, dipyridamole and rivaroxaban. We will give you instructions about what to do about these drugs when we give you your appointment for the injection.

**Please bring a repeat prescription document with you if you are taking any regular medications.**

## **What does the procedure involve?**

### **Before the procedure**

- A doctor will discuss the procedure with you and ask you to sign a consent form, if you are happy to proceed.

### **During the procedure (duration 10 to 15 minutes)**

- This is carried out in theatre while you are awake.
- You may be offered sedation through an injection into the back of your hand, to help you to relax.
- You will lie on your stomach with a pillow under your pelvis and your back (bottom of spine) will be cleaned with an antiseptic solution which may feel cold.
- We will then place sterile sheets around the area for injection. A local anaesthetic will be injected into your back to numb the area.
- An X-ray will be used to ensure proper positioning and we may also use an ultrasound for guidance.
- We will inject the site with local anaesthetic and a steroid. You may feel some pressure and pushing whilst this procedure is being carried out but you should have no pain. If you do feel any discomfort, please tell a member of the theatre team.
- Once completed, we will place a plaster over the injection site. You will then be taken to the recovery area.

### **After the procedure**

- In the recovery area, we will observe you for 30 minutes as you might feel a little drowsy and sleepy.
- We will also offer you some light refreshments and after this you can go home.

## What do I need to do when I go home?

When you get home, please continue to take any regular medication. It may be necessary for you to take painkillers for a day or two. You might need someone at home to help you but you do not have to stay in bed. The plaster can be removed the next day.

You should gradually increase your level of activity. However, **do not** take up new exercises until your muscles have had time to adapt. Build up by your exercise levels by increasing your physical activity (for example, walking, swimming, housework) gradually every few days. The eventual aim is to get back to a level of activity that is normal for you.

By gradually increasing your physical activity, you will allow your back muscles to regain some of their lost strength and help them support your spine. If you do not strengthen your back muscles, any benefit from the injections will be very short term, as the injection is not a cure in itself, it just relieves pain.

## What happens after having the injection?

Some patients will experience immediate pain relief. However, it usually takes 24 to 72 hours for the effects of the steroid medication to take effect. It may be up to one week before the maximum benefits are felt. Very often more than one injection is necessary to achieve a good level of pain relief.

Some patients will experience mild pain from the procedure that will ease in a very short amount of time. On rare occasions, patients have experienced a prolonged increase in pain after the procedure.

How you respond to the injection will be monitored by you on a pain monitoring chart which we will give you to take home. Your further treatment plans will be based on this.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The clinical nurse specialists on the Pain Management helpline:  
01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/pain-management/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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