

Information for patients and carers

Spinal Nerve Root Block and Caudal Epidural injections

Decorative graphic at the bottom of the page consisting of three horizontal, wavy bands of blue color, with the top band being a lighter shade of blue and the bottom band being a darker shade.

This leaflet explains the spinal procedure you are going to have. It discusses the injection as well as the benefits and risks.

We must by law, obtain your consent to carry out any operation and some other procedures beforehand.

The procedure will be explained to you in detail by the clinician who listed you for the injection. The surgeon will make sure that you are fully informed before you sign the consent form agreeing to the injection (often on the day you come into hospital).

Please let us know if you feel you do not fully understand the risks and benefits of procedure.

You should also let us know if you are unsure whether to continue with the injection.

Please contact the surgeon's secretary and ask for an appointment to discuss further.

You should also have been informed of alternative methods of treatment.

Why might I need a spinal injection?

Your scan and/or examination can indicate lumbar spine problems which can include herniated discs, facet joint arthritis (wear and tear), slippage of one or more vertebra (spondylolisthesis), scoliosis, post surgery scar tissue, joint inflammation or a number of these factors.

These conditions may cause one or more of the nerve roots to be irritated or inflamed causing buttock and/ or leg pain (sciatica).

What is a spinal nerve root block injection?

A spinal nerve root block injection is a procedure where a mixture of local anaesthetic and steroid medication is injected around a spinal nerve. The injection is usually performed using X-ray guidance (fluoroscopy) .

The local anaesthetic can temporarily numb the nerve and may provide short-term pain relief. The steroid helps reduce inflammation around the nerve and may provide longer-lasting improvement.

A nerve root block may be used:

- To reduce pain and inflammation
- To improve mobility and quality of life
- To allow physiotherapy and rehabilitation to progress more comfortably
- To help identify with diagnosis

What Is a caudal epidural injection?

A caudal epidural injection is a type of epidural steroid injection given into the epidural space at the base of the spine, near the tailbone (coccyx).

The epidural space surrounds the spinal nerves. Injecting steroid and local anaesthetic into this area can reduce inflammation and irritation affecting multiple nerves in the lower back.

Caudal epidural injections are often used for:

- Disc prolapses
- Nerve irritation affecting both legs
- Persistent pain after spinal surgery

The steroid works by reducing inflammation. The local anaesthetic temporarily interrupts pain signals.

What do I need to do before the procedure?

Please Inform the hospital if you:

- Take blood thinning medication such as warfarin, rivaroxaban, apixaban, clopidogrel or aspirin
- Have diabetes
- Have allergies to medications, contrast dye or iodine
- Have an infection or feel unwell
- Could be pregnant
- Have recently had a vaccination

Some blood thinning medication may need to be stopped before the procedure. You will be given instructions if this applies to you.

Day of admission

Your admission letter will explain what time to come into hospital and which ward to go to.

Eating and drinking

Most injections are performed using local anaesthetic only. You may usually eat and drink normally unless you are told otherwise.

You will meet with the surgeon, who will discuss the procedure with you. You will be given the opportunity to ask questions before going for your injection and will be asked to consent to the procedure if you have not already done so, or if you have will be asked if you are still happy to proceed.

Medications

Please bring with you a supply of any regular medications you take.

You can take your usual pain relief. If you are on any anticoagulants (blood thinners) you should have discussed any adjustments of these with a Health care professional prior to the procedure. Please inform us in advance if this is not the case.

Valuables

Please do not bring valuables, jewellery or large sums of money into hospital. The Hospital cannot accept responsibility for lost items.

Getting ready for the procedure

Before you go to the operating theatre you will change into a hospital gown. You will be asked to remove make-up and all jewellery (except wedding rings which can be taped over).

What happens during the procedure?

The procedure is usually performed as a day-case in Theatre. You will normally remain awake throughout. You will be helped to position yourself comfortably on a table. Your skin will be cleaned with antiseptic solution.

Local anaesthetic is injected into the skin to numb the area. The doctor will use X-ray guidance to carefully position the needle. A small amount of contrast dye may be injected to confirm correct placement. The steroid and local anaesthetic are then injected.

You may feel:

- Pressure
- Temporary discomfort
- Tingling

- Reproduction of your usual pain for a few moments
- Warmth in the leg or back

The procedure itself usually takes between 15 and 30 minutes.

What will happen after the procedure?

After the injection you will usually rest in the day case unit for a short period before going home. Your blood pressure and general condition may be monitored.

You may experience:

- Temporary numbness
- Heaviness in the legs
- Mild weakness
- Temporary pain relief from the local anaesthetic

These effects usually settle within several hours.

You must be collected by a responsible adult. They will need to take you in a car or taxi to travel home (you should not use public transport)

You must not drive yourself home following the injection.

You will need to have a responsible adult at home with you for at least 12 hours after the procedure.

You **must not** drive for a minimum of 12 hours after your injection.

In addition, for the remainder of the day do not:

- Operate machinery
- Sign important documents
- Drink alcohol

Most people return to normal activities within one or two days.

Often there is increased pain, particularly on the two days after the procedure, but occasionally for longer, followed by possible relief.

Continue to take your pain medication as normal during this time.

Please make a note of any changes in the pattern or severity of your pain over the next few weeks, as at your follow up (usually via telephone) you will be asked if the injection provide any pain relief and if so, how long for.

What are the risks of spinal injections?

These procedures are generally considered safe, but all medical procedures carry some risk.

Common risks:

- Bruising
- Temporary soreness
- Temporary increase in pain
- Temporary numbness or weakness
- Vasovagal episode (fainting)

Uncommon risks:

- Infection
- Bleeding
- Adverse drug reaction (which may result in anaphylaxis (severe allergic reaction))
- Headache caused by leakage of spinal fluid
- Urinary retention or temporary bladder disturbance
- Failure to improve symptoms
- Procedure performed at wrong level

How successful are the injections?

Results vary between patients. Some patients experience:

- Significant long-term pain relief
- Temporary improvement lasting weeks or months
- Partial improvement
- No improvement

In some cases, repeat injections may be considered where appropriate and these are often managed with an onward referral to the Pain Team.

Returning to activity

You should take it easy for the first 24 hours after the injection. After this, gradual return to normal activities is encouraged. Gentle walking and stretching are usually helpful. Avoid heavy lifting or strenuous exercise for several days unless advised otherwise. Physiotherapy or rehabilitation exercises may improve the long-term benefit of the injection.

Will I see my surgeon again after I am discharged home?

Your follow-up appointment, usually by telephone with one of the spinal team, will be between 6 and 12 weeks after your procedure and sent to you after discharge. A summary of your care will be sent to your GP after your operation.

What medication will I be given to take home?

If you need any new medication this can be supplied before you leave hospital.

Once you are at home:

These are some of the signs of infection. Contact your GP, the ward or the emergency department if you develop any of these:

- The injection site becomes more painful, swollen or hot
- You have expanding redness around the injection site
- You notice any yellow or green discharge or the discharge becomes cloudy
- You feel unwell, have a raised temperature (fever/shivering).

These are the warning signs for Cauda Equina Syndrome. Contact your local emergency department / A&E if you develop any new combination of these symptoms:

- Severe pain radiating down both legs
- Loss of feeling/pins and needles between the inner thighs or genitals
- Numbness in or around your back passage or buttocks
- Altered feeling when using toilet paper to wipe yourself
- Increasing difficulty when you try to urinate (pass water)
- Increasing difficulty when you try to stop or control the flow of urine
- Loss of sensation when you pass urine
- Leaking urine or recent need to use pads

If you have any medical problems, contact your GP first. They will contact the medical team at Preston or Chorley if necessary.

Contact details

Should you require further advice or information please contact :

Orthopaedic Spinal Team

Orthopaedic Spinal Team (answerphone) - **01772 522613**

Contact numbers for spine team patient experience coordinators:

01772 524077

01772 524057

01772 521391

Royal Preston Hospital

Ward 14 **01772 522474**

Ward 16 **01772 522990**

Chorley Hospital

Sellers Ward **01257 245746**

Rawcliffe Ward **01257 245748**

At Lancashire Teaching Hospitals our students get practical experience by treating patients.

Please advise your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

The Patient Advice and Liaison Service (PALS)

PALS offer support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you

If you would like the information in this leaflet in a different language or format, please contact PALS

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

<https://bepartofresearch.nihr.ac.uk/>

Support groups and organisations

EuroSpine

www.eurospine.org - European Spinal Surgeons website, information on spinal conditions and surgery.

British Association of Spinal Surgeons

www.spinesurgeons.ac.uk - Advice and information on spinal conditions and surgery.

Backcare

www.backcare.org.uk - Information about back pain and how to manage it. Helpline: 0845 130 2704

Brain and Spine Foundation

www.brainandspine.org.uk Advice and support for people with brain and spine conditions. Helpline: 0808 808 1000

Brain and Spinal Injury Centre (BASIC)

www.basiccharity.org.uk Helpline: 0870 750 0000

Outsiders Sex and disability advice.

www.outsiders.org.uk Helpline: 07770 884 985

Spinal Injuries Association (SIA)

www.spinal.co.uk Helpline: 0800 980 0501

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**.

Please ask a member of staff if you would like help in understanding this information.
This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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