

Caudal epidural steroid injection

This leaflet explains what happens during a procedure to inject a corticosteroid drug into your back. It will answer some of the questions that you may have, but if there is anything that you and your family are not sure about then please ask your doctor and nurse.

What is a caudal epidural steroid injection?

Caudal epidural steroid treatment is when a corticosteroid drug is injected into the epidural space (in your back), usually as a treatment for nerve root pain (sciatica) or back pain. The injection is given lower down on your back, through an opening in the sacral bone (caudal epidural).

Caudal epidurals are usually carried out under sedation (when you are drowsy). Occasionally, it is done only under local anaesthetic if you have other medical problems that rule out sedation. The skin is cleaned with antiseptic and the bottom opening into the spine (opening in the sacral bone) is injected with the therapeutic mix of drugs.

About the drug used

The cortisone drug used is called *methyl prednisolone (Depomedrone)*. It has been used for many years in this country and its use is endorsed by the Pain Society. However, like many drugs used in hospital, it is not actually licensed for injection into the epidural space. If you would like to know more about the use of unlicensed medicines, please ask your doctor. Being a "depo" preparation means that it continues to work over a long duration after being injected.

After the injection

As well as the steroid solution, a local anaesthetic will be injected into the epidural space. This may cause some heaviness and numbness in your legs and body for a few hours after the injection. You will be able to leave hospital once you have recovered well enough to walk safely and to pass urine.

You should not drive until the next day or until 24 hours later, if you have had sedation. Please ensure you have a responsible person accompanying you on leaving the hospital and at home for the first night.

What are the side effects and complications?

As with all medical procedures, there are potential side effects, which are listed below. However, reports on thousands of patients show that epidural steroid injections are straightforward and safe.

- Worsening of back and leg pain may occur for a short time.
- Occasionally (in less than 1% – 1 in every 100 – patients having an epidural), you may experience a severe headache if the epidural needle goes slightly too far and punctures a

sac containing spinal fluid. This is known as a 'dural tap'. If the headache continues despite the use of simple painkillers, the doctors may then perform what is known as 'an epidural blood patch'. This involves injecting a small amount of your own blood into the epidural space to plug the hole in the epidural lining. This is immediately effective in most cases.

- The epidural can affect the nerves that supply your bladder. This can lead to difficulty in passing urine (known as retention). Your bladder function will return to normal after a few hours when the local anaesthetic solution in the epidural space wears off.
- The local anaesthetic can affect the nerves going to the blood vessels so your blood pressure may drop. This is easily treatable with intravenous fluid or drugs.
- Diabetic patients commonly need an increase in their insulin requirements for several days after the injection. Your diabetes clinical nurse specialist can advise you on this.
- Convulsions (fits), breathing difficulty and temporary nerve damage have all been reported after epidurals but are very rare (about 1 in 10,000 cases). Permanent nerve damage, epidural abscess, epidural haematoma (blood clot) and cardiac arrest have also been reported, but are very rare indeed (about 1 in 100,000 cases).

Useful numbers and contacts

Redlands Ward	0118 322 7485.
Pre-operative Assessment	0118 322 6546 / 6812 or email preopsouthwing@royalberkshire.nhs.uk
Clinical Admin Team (CAT 5)	0118 322 7415 or email: rbb-tr.cat5@nhs.net
Royal Berkshire Hospital	0118 322 5111 (switchboard)

If you have any concerns during the first 24 hours of your discharge please phone the ward /unit you were admitted to. After 24 hours, please seek advice from your GP.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Unit, August 2022.

Next review due: August 2024