



Caudal Epidural Steroid Injection

Procedure Information

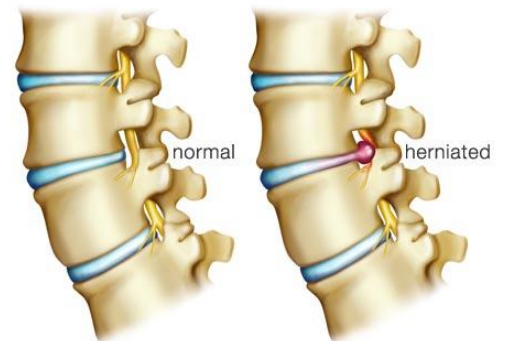
A caudal epidural steroid injection is used to provide relief from lower back and leg pain. There are many causes of back pain including muscle strain, ligament or disc sprain and degeneration of the spine related to aging. In many cases, rest followed by a physical therapy program will relieve back pain; however, chronic back pain due to wear and tear or conditions such as sciatica will often require more intensive treatment.

SPINE ANATOMY

The human spine is comprised of 24 bones called vertebrae which are stacked on top of each other to create the spine. Between each vertebra is a disc which provides cushioning, holds them together and controls motion. Surrounding the spinal cord and nerves is a protective coating called the dura. The space around the dura in the spine is called the epidural space and this is the space in which the nerves travel up and down the spine. At the base of the spine is the coccyx and this is the point at which the nerves leave the spinal cord and travel down the legs.

LUMBAR PAIN

As we age, the discs become worn and degenerate which may cause the disc to bulge or break open. When this happens, the herniated disc may leak chemicals which inflame the nerves in the epidural space. A large tear can cause the disc to bulge which puts pressure on the nerves or spinal cord leading to back pain. Stiffness in the lower back is common and you may also suffer from sciatica, pain that radiates down the buttocks and backs of the legs due to irritation or compression of the sciatic nerve.

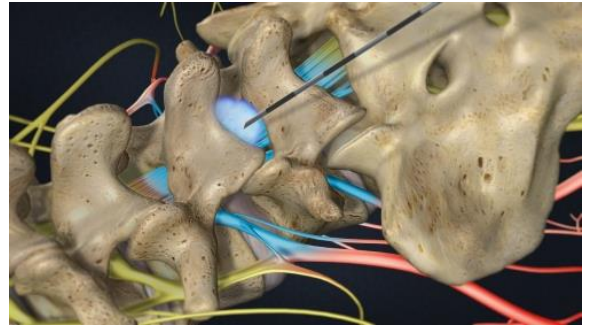


DIAGNOSIS

Diagnosis begins with a history and physical examination. Investigations may include X-ray, CAT scan, MRI scan or bone scan. Based on these investigations and your physical examination, a caudal epidural steroid injection may be recommended.

THE PROCEDURE

A caudal epidural steroid injection is done as an outpatient by a radiologist or pain specialist. You are awake for the procedure however sedation is available. You do not normally need to fast beforehand but please inform your specialist if you are taking any blood thinning medications such as Aspirin or Warfarin as these may need to be ceased. Please ensure you bring any relevant scans with you.



You will lie on your stomach or on your side on an X-ray table and a local anaesthetic will be injected to numb the skin and tissue just above the coccyx. With the aid of a fluoroscope (X-ray) or CAT scan, a needle will be passed through the numbed area and into the epidural space. Correct placement will be confirmed using contrast dye.

Once the needle is correctly positioned, a local anaesthetic and long-lasting corticosteroid will be injected into the epidural space.

The procedure will take 20-30 minutes. Once completed, you will be observed for ill-effects for a short time before being discharged. Please ensure you have someone to drive you home. You may have some leg weakness or buttocks numbness for several hours after the procedure.

SIDE EFFECTS & RISKS

Side effects after this procedure are rare although you may develop some bruising from the needle. You may also experience some long-lasting numbness in the injected area or weakness down the legs. Other risks include:

- Worsening pain at the injection site
- Bleeding causing a haematoma or blood in the epidural space
- Infection of the skin or injection point
- Headache if the injections causes a spinal tap (release of cerebrospinal fluid)
- Steroids can cause elevation in blood sugar levels in diabetics
- Allergic reaction to the medication
- Damage to the nerve or spinal cord or very rarely, paralysis

If you have any concerns, please contact the radiology department where you underwent the procedure. **Please call 000 if you are affected by any life-threatening symptoms.**

WHAT TO EXPECT

It may take a few days for the caudal epidural steroid injection to take effect although it is likely to provide pain relief that lasts for a few weeks or months. This is dependent, however, on the amount of disc, dural or nerve root inflammation that exists. If the pain returns, the procedure can be repeated or alternative treatments may need to be considered following further investigations.