



Cervical Transforaminal Epidural Steroid Injection

Procedure Information

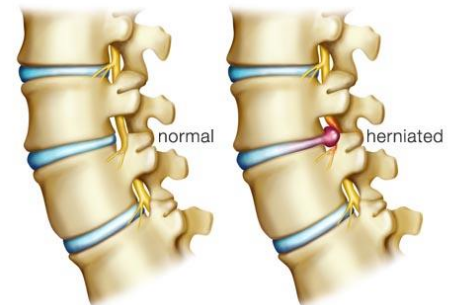
A cervical transforaminal epidural steroid injection is used to diagnose the source of and help relieve neck, upper back, shoulder and arm pain. There are many causes of cervical pain including muscle strain, ligament or disc sprain (also known as a wry neck or torticollis) and degeneration of the cervical spine related to aging. In many cases, rest followed by a physical therapy program will relieve cervical pain; however, chronic neck pain due to wear and tear will often require more intensive treatment.

NECK ANATOMY

The human neck is comprised of 7 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 neck is called the cervical epidural space and this is the in which the nerves travel up and down the spine.

CERVICAL 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 neck pain. A stiff neck is common and you may also suffer from numbness or weakness that radiates down the arm and into the hand.

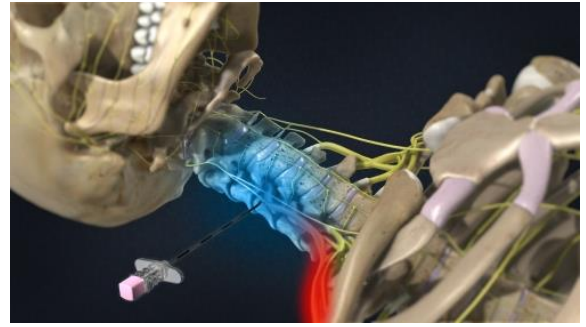


DIAGNOSIS

Diagnosis begins with a history and physical examination. Investigations may include X-ray, CAT scan, MRI scan or bone scan. An MRI will be able to show a bulging disc and nerve root compression but may not show a torn or leaking disc. In this case, a cervical transforaminal epidural steroid injection may be recommended to help determine the source of the pain.

THE PROCEDURE

A cervical transforaminal 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 face up, down or on your side on an X-ray table and a local anaesthetic will be injected to numb the skin and tissue on the area where the pain is located. 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 arm weakness or numbness for several hours after the procedure.

You will be given a pain chart to complete following discharge. It is vital that this chart is completed as fully and accurately as possible as this will be used to determine if further treatment is necessary.

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 down the arm. 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 cervical transforaminal 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.