Marlene’s Epidural Injections

by MARLENE WALLACE

Chronic Pain and Epidural Steroidal Injections

Under “normal” circumstances, I can keep my chronic lower back in check by consistently using non-invasive treatments such as:

- Anti-inflammatory medication and/or OTC pain medication
- Antidepressant medication (i.e. Cymbalta) specifically used to treat lower back pain
- Applications of heat and cold
- Stretching exercises (e.g. yoga/Pilates)
- Monthly acupuncture, massage therapy and chiropractic treatments
- Relaxation techniques

One or two years ago, I suffered a major “flare-up” of lower back pain. The related right leg sciatica became so bad that my family physician sent me to a pain specialist. She administered six epidural cortisone injections into my lower spine over the course of a year.

Some studies claim that steroidal injections, administered right into the spine, do not necessarily give patients a lot of relief from their pain. However, I found that they really worked. In fact, I’m still experiencing less back pain than I did before I had the injections and I have no sciatica pain down my right leg at all.

“Epidural” comes from the Greek and actually means "around the spinal cord." First used in 1952, they are still considered an integral part of non-surgical pain management of both low back pain and associated sciatica. Epidural injections can be used in isolation or in conjunction with a physical therapy program to give additional pain relief.

The majority of doctors agree that the therapeutic effects of epidural steroidal injections tend to be temporary. However, they can be quite effective in patients who are experiencing acute “flare-ups” of either back pain, leg pain or both. Often, epidural injections provide enough relief from severe pain to let a patient progress through a rehabilitative stretching and exercise program.

Effectiveness of Epidural Steroidal Injections:

The ongoing efficacy of lumbar epidural steroidal injections is definitely a topic of medical debate. While lots of research studies examine their short-term effectiveness, data on their long-term benefits are much less convincing as well as less plentiful.

Epidural Injection Procedure:

Epidural injections are administered, either in a specialist's office or at a hospital, by pain specialists, anesthesiologists or specially trained radiologists.

The following is what typically happens when receiving an epidural injection at a doctor's office:

- You will lie face down on an examining table.
- A nurse will take your BP.
- Your skin will be cleansed with antiseptic.
- A local anesthetic will be injected to numb the lower back region.
- A needle will be inserted by the doctor through your skin toward your spine.
- Using a fluoroscopy (i.e. a machine which produces X-ray videos), your doctor will carefully maneuver the needle between the spinal bones.
- Utilizing a contrast medium, the doctor will confirm that the needle is properly located within the epidural space (i.e. between the spine and spinal cord itself).
- When the needle is positioned correctly, a solution of corticosteroid and anesthetic will be injected into the epidural space.
- Typically, the epidural injection is not painful because of the local anesthetic.
- After the procedure is complete, your BP will be taken again to make sure it hasn’t dropped too much.
- You will have to stay on the examining table, turned on your affected side, for 30 minutes before being allowed to leave.
- You may find that your legs are a bit wobbly initially. Having someone there to drive you home is probably a wise idea.
- It is quite normal to have mild tenderness for a couple of days afterwards. Applying ice to the area can help prevent bruising.

Generally, epidural injections are a last resort when it comes to non-surgical pain management and I certainly wasn’t looking forward to having needles inserted into my spine. However, they really weren’t that uncomfortable. So, I wouldn’t hesitate to have epidural injections again, if they became necessary in the future.