



PROCEDURE INFORMATION

CERVICAL INTERLAMINAR EPIDURAL STEROID INJECTION

FOR NECK PAIN AND HEADACHE

A cervical interlaminar epidural steroid injection is a simple procedure for treating neck, upper back, shoulder, and arm pain. This information sheet will explain what it is. Your doctor can explain if this procedure is appropriate for you.

WHAT IS THE EPIDURAL SPACE?

The dura is a protective covering of the spinal cord and its nerves. The space surrounding the dura is called the epidural space. In the neck it is called the cervical epidural space.

WHAT CAUSES PAIN IN THE EPIDURAL SPACE?

The cervical spine has 7 bones, called vertebrae. Soft disks between these vertebrae cushion them and allow for spinal motion.

If a disc tears, chemicals inside may leak out and the disc could bulge or herniate. This can inflame nerve roots or the dura, and cause pain.

HOW DO I KNOW IF I HAVE CERVICAL FACET PAIN?

If you have pain in one or more of these areas when you turn your head, and it lasts longer than 2 months, you may have cervical facet pain. Common tests such as x-rays or MRIs may not show if a facet joint is causing pain.

HOW DO I KNOW IF I HAVE DISC OR NERVE ROOT?

If you have pain in your neck or upper back when you move your head, you may have cervical disc and dural inflammation. If pain travels to your arm when you move your head, you may have nerve root inflammation.

Common tests such as MRI scan can show disc bulges and nerve root compression, but may not show a torn and leaking

disc. A cervical epidural injection can help to determine if disc problems, or dural, or nerve root inflammation are causing your pain.

WHAT IS AN INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTION?

In a cervical epidural steroid injection, an anesthetic and a steroid are injected into the epidural space to relieve inflammation. The simplest way is from the back of the spine, which is called an interlaminar injection.

WHAT HAPPENS DURING AN INJECTION?

The injection may start with an IV (medicine given intravenously) to help you relax. A local anesthetic may be used to numb your skin.

The doctor will then insert a thin needle into the epidural space. Fluoroscopy, a type of x-ray, may be used to ensure the safe and proper position of the needle. A dye may also be injected to ensure the needle is in the correct location.

WHAT HAPPENS AFTER AN INJECTION?

You will be monitored for up to 30 minutes after the injection. When you are ready to leave, the clinic will give you the discharge instructions. You will also be given a pain diary. It is important to fill this out because it helps your doctor know how the injection is working.

It may help to move your neck in ways that hurt before the injection, to see if the pain is still there, but do not overdo it. Take it easy for the rest of the day.

You may feel immediate pain relief and numbness in your neck and arm(s) for up to 6 hours after the injection. This tells you the medication has reached the right location

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Your pain may return after this short pain-free period, or may even be a little worse for a day or 2. This is normal. It may be caused by needle irritation or by the steroid itself. Steroids usually take 2 or 3 days to begin working, but can take as long as one week.

You can usually return to work the next day, but always check with your doctor.

HOW LONG CAN I EXPECT PAIN RELIEF?

How long you can expect relief depends on how many areas are injured, and on the amount of inflammation.

Sometimes an injection can bring several months of pain relief, and then more treatment is needed. Other times one injection brings long-term pain relief. If your pain is caused by injury to more than one area, only some of your symptoms may be helped by one injection.

WHAT ARE THE POSSIBLE RISKS AND SIDE EFFECTS?

As with all invasive medical procedures, there are potential risks. Risks are rare, but may include infection, bleeding, allergic reaction, headache, dural puncture, temporary numbness or tingling, weakness, and nerve injury.

Side effects are rare and, when they occur, are usually due to the steroid itself. These include, but are not limited to, pain at the injection site, headache, increased blood sugar, water retention, facial flushing, irritability, sleeplessness, burst of energy, and skin discoloration at the injection site.

You should contact your doctor or go to the emergency room if you experience any of the following symptoms: Severe headaches with nausea or vomiting, fever greater than 101°F, loss of control of bowel or bladder function, severe pain, and/or loss of function or feeling in the arms or legs.

THIS PAMPHLET IS FOR GENERAL EDUCATION ONLY. SPECIFIC QUESTIONS OR CONCERNS SHOULD ALWAYS BE DIRECTED TO YOUR PROVIDER. YOUR PROVIDER CAN EXPLAIN POSSIBLE RISKS OR SIDE EFFECTS AND OTHER READILY AVAILABLE TREATMENT OPTIONS