

Lumbar Transforaminal Epidural Injections

AKA 'Nerve Root Block' and 'Dorsal Root Ganglion Block'

Current national guidelines recommend considering epidural injections in people with acute or severe Sciatica. Sciatica is a type of nerve pain that can commonly cause pain down one or both legs. Sciatica sometimes can also cause numbness or tingling down the leg. It is often caused when your sciatic nerve is irritated. Symptoms usually improve within a few months.

A transforaminal epidural is an injection around the nerve root as it leaves the spine, performed under x-ray guidance. The most commonly used drugs injected are corticosteroids with or without local anaesthetic which may help to reduce inflammation and pain around the nerve.

Benefits

Pain Relief: Pain Relief is variable and can be short-lived. Some people may get significant and lasting pain relief of up to 4 months following injection.

Risks

Common: Between 1 in 10 and 1 in 100 people are affected.

- Tenderness and/or Bruising. Mild local tenderness and / or bruising at the site of the injection. This usually settles over the first few days.
- Pain. Injection treatments are not always effective and may not help your pain.

Uncommon: Between 1 in 100 and 1 in 1,000 people are affected.

- **Numbness and/or Weakness.** Rarely the local anaesthetic may spread causing some numbness and/or weakness in your legs and other areas. Should this occur, the effect is temporary and will rapidly resolve over minutes rarely hours.

Rare: Between 1 in 1,000 and 1 in 10,000

- **Infection.** This is rare. You should seek medical help if there is local warmth or redness over the site of the injection with tenderness and/or you feel hot and unwell. This may require antibiotic treatment.
- **Headache.** On rare occasions the needle may be placed too far and spinal fluid (CSF) encountered. This is called a 'dural puncture' and may lead to a headache that requires further treatment. If a severe headache does develop following your

injection, take some paracetamol, drink plenty of water, and lie flat. If the headache continue for more than 24 hours please contact your GP.

- **Allergy.** Injected dye, local anaesthetic, and/or steroid may rarely cause an allergic reaction.

Very Rare: Fewer than 1 in 10,000 people are affected.

- **Nerve Injury.** There are important nerves in the spine, but serious nerve injury is very rare. Injury to nerves that supply muscles to your leg can lead to foot drop for lumbar injections causing you to be unable to lift your foot up. Great care is taken during the procedure to avoid this very rare complication by placing the needles carefully under x-ray and only treating the nerves when the doctor is confident that they are in the right position.

Potential Side Effects of Corticosteroids

Flare Up. Occasionally people notice a flare in their pain within the first 24 hours after an injection. This usually settles on its own within a couple of days. Use your usual pain killers to relieve symptoms.

Thinning of Skin. Occasionally some thinning of the skin or dimpling skin colour change may occur at the injection site. This is more likely to happen if you have a higher dose of steroid.

Facial Flushing and Menstrual Cycle. Steroid injections may sometimes cause facial flushing or interfere with menstrual cycle making them irregular temporarily. However, you should consult your GP if concerned, or if it persists.

Mood Change. Any treatment with steroids may cause changes in mood, either elation or depression. This may be more common in people with a previous history of mood disturbance. If you have concerns please discuss this with your doctor.

Change in Glycemic Control. People with diabetes may find that the steroid injection affects their blood sugar control. Sometimes you may notice a temporary blood sugar rise. It is recommended that you check your blood levels more regularly. It may take between 1-3 weeks for them to settle.