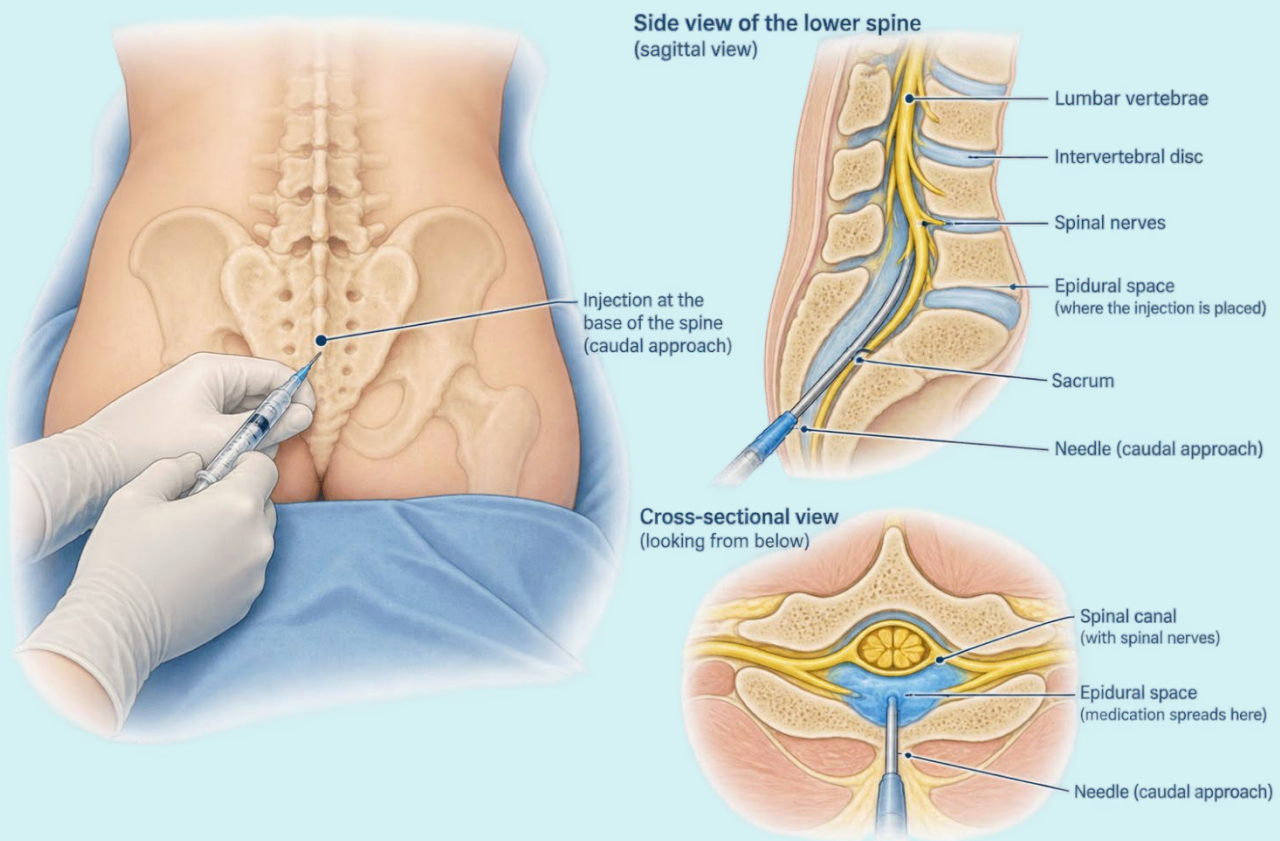


Information leaflet

Caudal Epidural Injection (A5211)

This is an injection at the very base of your spine.



The intervertebral discs can sometimes be damaged and bulge. The small joints of your back can develop wear and tear (arthritic) changes. These can cause narrowing of the spinal canal. The spinal canal is the part of your spine that contains the spinal nerves.

When these nerves don't have enough space, you can get pain, pins and needles or heaviness in the legs. The procedure aims to relieve the leg symptoms caused by pressure on the spinal nerves.

It may also be used to help with back pain from tears (annular fissures) in the intervertebral discs.

What is in the injection?

The injection is a mixture of local anaesthetic and steroid. The steroid is an anti-inflammatory medication to reduce the effects of inflammation in the area. The anaesthetic is included to help reduce the pain of the procedure and block pain signals.

The anti-inflammatory effects of the injection sometimes work immediately but may take up to 2 weeks to reduce your pain. The reduction in pain might be short term or long term and it is difficult to predict how an individual will respond.

The goal of these injections is primarily to reduce your leg symptoms although it can sometimes help with back symptoms as well.

Medicines

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

What happens during the procedure?

On the day of your procedure, you will see Mr Bateman to confirm you wish to proceed. He may ask you to confirm your symptoms again. You may be asked to change into a hospital gown. If you have opted for sedation then the anaesthetist will also see you and give you further details about your sedation. You may have to wait a while in the waiting room or on the ward for your turn to have the injection.

When everyone is ready you will be escorted to the operating theatre or treatment room and asked to lie on your front with a pillow to support your chest and hips. Mr Bateman and his team will confirm your details with you before starting.

The lower part of your back is exposed by lowering your underwear. Antiseptic solution is applied to your back with a small sponge. Mr Bateman will feel your back to identify the correct place to inject. This can sometimes be a bit uncomfortable. Local anaesthetic is injected using a very small needle. A slightly longer needle is then inserted under x-ray guidance and some contrast injected. Once Mr Bateman has confirmed that the needle is in the correct location then the mixture of steroid and local anaesthetic is injected slowly. You may experience heaviness in the legs or bottom whilst this happens. Once the needle has been removed a spray on dressing is applied. You will then be helped into a chair. You are then taken back to the ward or waiting area.

When you feel comfortable and the nurse says it is safe to do so, you can get dressed and a friend or relative can take you home.

What are the risks?

This injection can be uncomfortable.

The drugs used may also cause unusual sensations such as headaches, light headedness, feeling faint or sleepy and a sensation of warmth and flushing in your legs. Do not be alarmed by these feelings, different reactions can be quite normal.

Rarely people can have an episode of urinary incontinence or retention. If this occurs then it should return to normal within a couple of hours.

Please mention to Mr Bateman or a nurse any strange feelings you experience.

Possible rare complications

Your blood pressure may be temporarily lowered. This will be monitored following the procedure.

There is a low risk of infection at the injection site – less than 1 in 5000. If any redness, heat, swelling or discomfort around the injection site persists after 24 hours please telephone the hospital and speak with a nurse.

There is a very small risk of bleeding that could cause pressure on the spinal nerves (<1 in 10,000).

What happens after the procedure?

You will need to organise transport home, it is not advisable to drive until the day after your injection. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

In order to gain maximum effect from the injections, we suggest that you consider the following advice:

- Remain as active as pain allows
- Do regular core strengthening exercises and stretching exercises
- Consider joining a Pilates or other similar exercise class
- Avoid heavy lifting for the first 2 weeks
- Avoid sitting for long periods

As the injection begins to take effect, we hope you will experience less pain. You can reduce your pain relievers as your symptoms improve.

If you are female

Your periods may last longer than normal and be heavier than you usually experience; this effect is temporary. Rarely, you could miss a period, but this irregularity will also be temporary.

Postmenopausal ladies may experience some spotting.

It is possible for the treatment to interfere with the effectiveness of the contraceptive pill, therefore in the short term additional contraception is advisable.

If you have diabetes

Your blood sugar may increase, we therefore advise you to monitor your blood sugars more frequently than normal. Should the increase in your blood sugar persist, please get advice from your GP as soon as possible.

Alternatives

Managing your symptoms in other ways is an option:

This can take the form of medications, including pain relievers.

Physiotherapy may be beneficial in teaching core strengthening exercises and enabling you to self-manage your problem in the longer term.

If surgery is an option then Mr Bateman will have discussed this with you.

Will it work?

Evidence suggests that this injection has a 60–70% chance of improving your symptoms in a meaningful way.