

Epidural Steroid Injection (ESI) Information

What is an ESI?

- It is an outpatient procedure that is done to help manage neck pain radiating down the arm(s) or back pain radiating down the buttock/leg(s)
- The goal is to deliver **anti-inflammatory** medication to the area around specific nerves that are likely to be causing your pain symptoms, using x-ray guidance
- These can be done at various levels (neck/cervical, midback/thoracic, low back/lumbar, tailbone/sacral) with different approaches (interlaminar, transforaminal, caudal), depending on the indication and the unique patient anatomy

Is this something that I need to have?

- No, this is an **elective** procedure to help with pain
- Therefore, you can always choose to forgo the procedure and continue with conservative management with medications, therapy, rest, activity modification, massage, etc.

What exactly is being injected?

- The skin will first be numbed using **lidocaine**, which is a local anesthetic to “deaden” the skin
- Once the needle is at the target site, contrast dye (Omnipaque) will be used to confirm the proper placement of the needle tip
- Then, steroid/cortisone (methylprednisolone or dexamethasone) will be injected at the site

What are the risks?

- The most likely unfavorable outcome is that the injection does nothing to help the pain
- There is a small chance (~5%) that the injection exacerbates the pain
- The risk of serious bleeding, infection, nerve damage, postdural puncture headache (spinal headache) are all extremely rare (<1%)
- There may be some minor side effects related to the steroid such as headache, flushing, malaise, elevated blood sugar, elevated blood pressure etc., but these tend to be temporary for a few hours

Will this cure my disc or arthritis in my spine?

- No, the injection is only addressing the **chemical** portion of your pain (i.e. inflammation), not the **physical** (spinal stenosis, degenerative disc disease, etc.)
- The physical portion can only be altered by time (e.g. disc resorbing on its own) or surgery (e.g. decompressive laminectomy, microdiscectomy, etc.), but if the chemical inflammation is made better by the injection, it may be enough to control the pain and help you be more functional

Will I be “put out” for the procedure?

- No sedatives or general anesthesia will be used
- You will get local anesthetic (lidocaine) to numb the skin

What can I expect during the procedure?

- The procedure takes about 5 minutes to perform
- Dr. Park will communicate with you through the procedure at each step so that you can anticipate what you may feel
- Numbing of the skin tends to be the most painful part, as it burns and stings for a few seconds
- Afterwards, you will feel pressure and movement as the needle is guided towards the target, but this is not excruciating
- When the steroid is being injected, it may again feel like a pressure sensation, especially around the area where you have your usual pain

What can I expect immediately after the procedure?

- You will be taken back to your recovery area for one more blood pressure check and to make sure you feel good
- In rare cases, you may have some minor weakness or numbness of your arm or leg, depending on where the injection was; if this does happen, it is most likely temporary and should resolve within the next few hours

When will I start to notice a benefit?

- It could be right away, or it could take up to 7-10 days
- The improvement could also be sudden, or gradual

What are my restrictions?

- You will get a list of restrictions after the procedure, but overall, there are no major restrictions
- You may return to PT, chiropractic care, massage, or whatever other therapies you have scheduled the same day, as long as you are not hurting
- You should avoid soaking/bathing for 1-2 days, but you can shower, walk, and perform other light activities if it doesn't hurt

How long does this usually last?

- Could be a few days or more than several months
- On average, the shot tends to help the pain significantly for 2 months
- Thereafter, the pain may gradually return to baseline, or to a lesser severity, but that depends on the individual

If it helps, am I able to have it again?

- Yes, depending on the insurance, you may be able to get a repeat of the same injection, or a slight variation of the ESI that can also help the pain, every 2-3 months

