

Cervical Epidural

Patient Information

Chronic Pain Team



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<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

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What is an epidural injection?

An epidural is the name given to an injection into the epidural space. This lies between the vertebrae (backbones) which form the walls of the spinal canal, the spinal cord and the nerves that lie within it.

Epidural injections are widely used in the treatment of chronic neck and back pain. The injection can be performed at any level within the spine.

How does it work?

The injection given contains a mixture of local anaesthetic or salt water and local steroid. It is thought to have two beneficial effects:

- A physical action, increasing the space around compressed nerves.
- The steroid has a long term effect reducing inflammation around the nerves.

There are only minimal side effects on the rest of the body using local steroids by this route of administration. Any side effects are most likely to occur if steroids are given frequently over a short period of time, for example raised blood pressure and weight gain. Diabetics may experience short-term problems with blood sugar level control due to the steroids

If the epidural is helpful, it may be repeated at the discretion of your consultant.

An epidural injection is performed as a day case procedure. On the day of treatment please take all routine medication. If you are taking any medications to thin your blood such as Warfarin, or you have a blood clotting disorder, please inform the pain doctor or the Chronic Pain Nurse as soon as possible as your medication may need to be stopped for 48 hours.

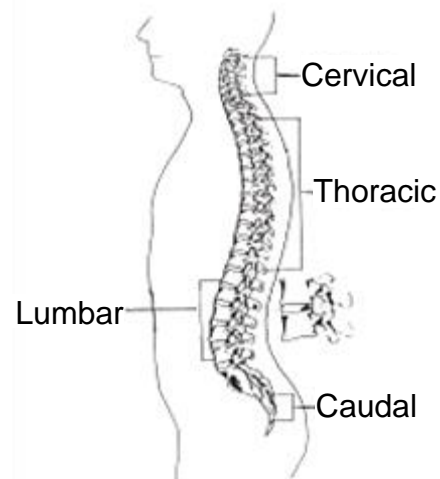
You are advised not to eat any solid foods 6 hours prior to procedure. Patients can drink and have water until 1 hour prior to procedure. If you are diabetic, please inform a member of staff on your arrival.

Shortly before the epidural you will need to change into a hospital gown. You will be seen on the ward by one of the chronic pain Doctors who will ask you to sign a consent form for the treatment.

Prior to the injection you may have a cannula (needle) placed in the back of your hand to allow access to a vein.

For a lumbar or thoracic epidural you will be asked to sit on the table with your legs resting on a stool and asked to lean forwards slightly, after the injection you will lay down in a position that is comfortable to you.

For a cervical or caudal epidural you will lie on your front, after the injection you can turn over into a comfortable position. If you have difficulty moving a member of staff will be there to help you.



The skin on your back will be cleaned with antiseptic and a local anaesthetic injected in to the skin to help numb the area. There may be some discomfort in the back at the time of the injection.

You will have a small dressing on your neck to cover the procedure site. This may be removed after 24 hours but do not worry if it should fall off sooner.

You may sleep in any position that you find comfortable.

Do not drive, operate machinery, or drink alcohol for 24 hours following your injection.

Benefits

Unfortunately we cannot guarantee you will gain benefit from this treatment.

Alternatives

Your pain specialist will have discussed alternatives with you in your consultation; these could be either: medicines, injections, or physical therapies. Every patient is unique and therefore specific alternatives cannot be given on an information leaflet as not all treatments are suitable for everyone.

What are the side effects?

For procedures performed above the waist you may feel some tingling or reduced sensations in your arms, this is normal, and these sensations will improve after 24 to 72 hours. There may be some weakness in the arms and hands, the weakness will improve but until full sensation returns you must avoid lifting and take extra caution when handling hot drinks.

For procedures below the waist you may feel some tingling or reduced sensation in your legs, this is normal and will improve after 24 to 48 hours. An epidural may numb the stomach area including the bladder. There may be loss of bladder sensation or slight urinary incontinence following the procedure, the sensation will return to normal as soon as the numbness wears off.

It is not unusual to experience a burning sensation in the affected limbs for up to one week after the epidural. You may have increased pain in your back or neck and or the affected limbs this is normal and will improve over the period of a few days. Some patients may experience a headache following an epidural, if you do have a headache this will improve with rest and your normal analgesia / medication for pain that you have.

In very rare cases following the epidural there is a very small risk of a haematoma (blood clot) or an infection developing. Symptoms could include complete numbness and weakness to your legs, bowel or bladder incontinence, a pins and needles sensation around your saddle area and possible redness, pain, and tenderness where the injection was given. If these symptoms were left untreated, they could lead to paralysis. It is important if you get any of these symptoms after you have been discharged to either ring the pain management team or attend the local A&E (Emergency Department).

Important information

We, the pain service, recommend you have someone to take you home and stay overnight with you following your procedure. However if you do not have anyone then it is at the discretion of your consultant.

If the epidural helps to reduce the level of your pain, please remember that it is not a cure, and you will still have a problem with your neck or back. Do not rush about doing strenuous activities but build up your activity levels slowly.

Risk of procedures performed during the time of the COVID-19 Pandemic

There may be additional risks to your health as a result of undergoing procedures to help manage your pain during the time of the COVID-19 pandemic which we cannot quantify at the moment.

If you are receiving a steroid injection, we must make sure you are aware steroids can suppress your immune system, which in turn could make you more vulnerable to the Corona virus or any other infection. We do not know whether this is a true risk, and if there is a bigger risk of developing Corona virus infection, we do not know how big the risk is.

Often, deciding whether or not to have an injection is about weighing up how badly your pain symptoms are affecting your life and what risk you are willing to accept in order to alleviate the pain (bearing in mind that the procedure may not necessarily work or in the worst case scenario, might make you worse off than you were before the procedure). A pain injection may help your pain temporarily but at the cost of an increased chance of developing Corona virus infection. The other risks of the procedure will remain unchanged from what they were before the start of the pandemic. Although there is no clear evidence in the literature that steroid injections can increase the likelihood of acquiring COVID-19 or increasing the severity, possible concerns have been raised regarding reduced survival benefit and possible harms.

We know that complications and mortality related to COVID-19 are higher in some groups of people, particularly older people, and those with comorbidities / health problems.

We will not administer steroids if a person has COVID-19 infection, or if there is a possibility that he/she may have COVID-19, even if there are no symptoms at the time.

It has been suggested that a water soluble steroid may possibly be safer (e.g. Dexamethasone 3.3-13.2 mg); to avoid longer lasting systemic side effects, including suppression of the immune system. After the injections patients should self-isolate for seven days. If there are any concerns following an injection, patients can either contact the pain service on the provided telephone number (Monday-Friday 8am to 4pm) or you may have to attend the emergency department for further assessment.

Guidance and information regarding COVID can change very quickly and what we did a week ago may not necessarily be what we are doing today. Besides your normal procedure consent form, during the time of the pandemic we may ask you to complete an additional COVID-19 specific Patient Information and Consent Form. We would ask that you complete and return it as directed.

Will the steroid injection affect how well my COVID vaccine will work?

Currently there is no evidence to suggest that a steroid injection to a joint or soft tissue will reduce the effectiveness of a COVID vaccine. For a non-essential steroid injection, it should be delayed for 2 weeks after the vaccination and not be given within the 2 weeks before a vaccination. i.e. the steroid injection should not be given 2 weeks before or after the vaccination.

Where a patient has booked their injection appointment with the booking team and they subsequently are notified of their vaccination date, which falls within the 2 weeks either side of their steroid injection, they are advised to contact the booking team to rearrange their pain injection. Or contact their vaccine provider to discuss rearranging their vaccination appointment. Should patients not follow this advice they risk being cancelled on the day.

Contact information

If you have any questions, please contact the Pain Management Team, telephone: 01942 773099.

It is very important that you attend any appointments made for you with either, the Doctor, Nurse, Physiotherapist, Occupational therapist, or the Psychologist. If you cannot attend, please cancel the appointment, and re-arrange, failure to cancel will result in discharge from the pain service and you will need to be re-referred by your GP if you wish to be seen again.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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