

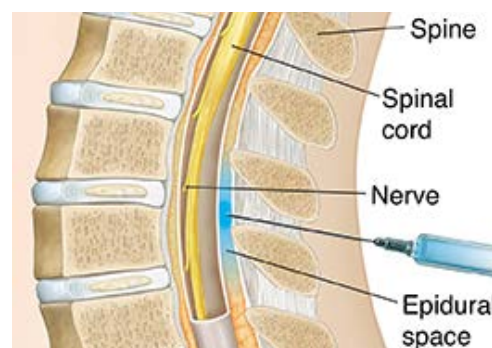
Cervical Epidural Steroid Injection

What you need to know

This handout explains a cervical epidural steroid injection. This procedure is done to help treat and diagnose pain.

What is a cervical epidural steroid injection?

The *cervical* spine is in your neck. An *epidural steroid* injection is an injection of medicine (steroid) into the *epidural* space, which is the space around the spinal cord. This procedure is done to treat pain that is caused by an inflamed nerve root in your neck. It can also help your doctor diagnose the source of your pain.



The injection will be made into the space around your spine.

How will it affect me?

This injection will not get rid of all your neck and arm pain. But, it can reduce your pain so that you can keep doing physical therapy.

Some people may feel relief from the injection. But, some people may have little or no pain relief after the injection. Other people may need more than 1 injection to get relief.

Usually, no more than 3 injections are done in a 12-month period. If the first injection did not help, it is less likely that another one will help.

Where is it done? How is it scheduled?

This injection is done at the Center for Pain Relief at UWMC-Roosevelt. Our nurse coordinator will get authorization from your insurance before contacting you to schedule the injection. If you have questions, please call 206.598.4282 and press 2

How is it done?

- We may attach devices to your arms and fingers. These devices let us measure your heart rate, breathing, and blood pressure.
- We may place an intravenous (IV) line into your arm. This is done in case we need to give you fluids or medicines.

What are the risks?

This procedure is very safe. But there are risks in all procedures. Here are some risks of this injection:

- Bleeding
- Infection
- Weakness in your arms
- Worsening pain in your neck or arms
- Nerve or spinal cord damage
- Spinal headache
- Face flushing, irritability, and trouble sleeping (mostly short-term reactions to the steroid)

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UW Medicine Sports Medicine Center: Call 206.598.DAWG (3294) and press 2.

Center for Pain Relief at UWMC-Roosevelt: Call 206.598.4282 and press 2. 4225 Roosevelt Way N.E., 4th Floor, Seattle, WA 98105

- You may lie on your stomach, back, or side on an exam table. Your neck will be cleaned. We will cover your neck with a *sterile* (germ-free) cloth.
- Your doctor will use *fluoroscopic* (live) X-rays to help guide the needle.
- You will be awake for the procedure. We will not use sedation.

What is injected?

- Before we do the epidural injection, we will inject *local anesthetic* (numbing medicine) under the skin at the injection site.
- Then, we will inject contrast (X-ray dye that contains iodine). This will give us a clear X-ray picture of the nerve root.
- Next, we will inject a solution into your neck. This solution will contain saline and a steroid (dexamethasone or betamethasone). The steroid is an anti-inflammatory. The solution may also contain a numbing medicine such as lidocaine.

How do I prepare?

- Tell your doctor if you have ever had a reaction to contrast or iodine.
- Give your doctor a full list of ALL medicines and supplements you take. You may need to stop taking some of them before the injection.
- **You cannot drive yourself home after your procedure.** Arrange for a responsible adult to take you home after the procedure. This person may drive you or ride with you in a bus, taxi, or shuttle.
- Most patients cannot eat or drink for 6 hours before the procedure.

After the Procedure

- You will be in the recovery area for about 30 minutes. We may ask you questions about your pain. If needed, we may send you home with a pain diary.
- Your arm may be numb for a few hours. If you have a flare-up of your pain in the first 24 to 72 hours, use ice or nonprescription pain relievers such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin).
- For 2 to 3 days, do **not** exercise or do your physical therapy.
- Most patients return to work and do basic activities of daily living right after the procedure.
- Make a follow-up visit for 2 to 3 weeks after the procedure with the provider who referred you for the injection. If a surgeon sent you for the injection, follow up with that surgeon.