



You will be asked to lie face down on the bed where you are required to remain still during the procedure. There will be a short wait whilst the equipment is prepared. An antiseptic solution will be used to clean your skin. An injection of local anaesthetic will be put into your skin. This will sting slightly. This will be followed by an anti-inflammatory steroid.

During the procedure, you may experience increased pressure or pain to your back or legs. If this happens, you must tell the doctor and the injection will be slowed down. The other pressure effect you may get is a light headed feeling or buzzing in your ears. Again let the doctor know if this occurs.

The procedure will take approximately 10 - 15 minutes.

You will be asked to lie on the bed on your most pain affected side for approximately 30

Post menopausal bleeding due to hormonal imbalance (triamcinolone) - usually short lived.

Temporary salt and water retention. Patients with critical congestive heart failure may need a diuretic for the first few weeks after treatment if shortness of breath becomes a problem.

Diabetics may notice a mild rise in blood sugar for a few weeks afterwards. Non insulin diabetics do not normally need to take further action. Insulin dependant diabetics may need a slight increase in their insulin doses. Please ask your GP for further advice about this.

In rare cases, the following complications may occur:

Worse Pain - the pain can be worse afterwards rather than better. The cause is not known. No further epidurals should be given if this occurs.

Bleeding and haemorrhage into the epidural space can cause compression of the spinal cord, leading to paralysis at the level of the injection. This would affect the legs, bladder and bowels. Patients with known clotting abnormalities or who are taking anti-coagulants should let their consultant know before having the injection.

Infection - introduction of infection can cause an epidural abscess, which in turn can cause paralysis of the legs, bladder and bowels. Infection can be minimised by performing the procedure under sterile conditions. Sometimes infection can spread through the blood to the epidural space from other parts of your body. Therefore, you should not have the injection if you have an infection anywhere in your body. Diabetics are more prone to staphylococcal infections generally.

Post dural puncture headache - also known as a spinal headache. Very

If bruising occurs around the injection site, apply some ice wrapped in a towel to the area to help relieve any pain.

It is important to return to your usual activities gradually. If specific exercises are appropriate, these will be advised by your physiotherapist.

If you experience any unusual symptoms, please contact your GP.

You will need to come back to the hospital for your follow-up appointment about six weeks after the procedure. This appointment will be posted to you.

The clinician may feel you would benefit from being assessed by a physiotherapist. If this is appropriate, an appointment will be arranged with you directly by the physiotherapy department.

Your consultant / physiotherapist / nurse specialist can be contacted via Day Surgery Unit on **01271 322455** or Orthopaedic department on **01271 322491** (secretary).

## **Have your say**

Northern Devon Healthcare NHS Trust aims to provide high quality services. However,