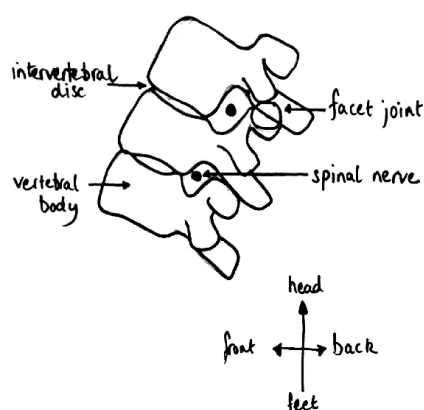


PATIENT INFORMATION

Lumbar Nerve Root Injection (Pain Leaflet 1)

What is a nerve root injection?

Between each bone (vertebra) of the lower part of your back (lumbar spine) a spinal nerve root comes out. These join up to make the nerves that go to your legs so that you can move them and feel them being touched. Each nerve root goes to particular bit of your leg. For example, the nerve root that comes out between the bottom of your back and the beginning of your pelvis goes to your calf and the top of your foot. Nerve roots can become irritated or squeezed, often by the discs between the vertebrae. This can cause pain, loss of feeling and weakness in your leg. A steroid injection around the nerve root may help your symptoms, particularly the pain in your leg. It may not improve weakness or loss of feeling or help with any back pain you have.



Does it work?

The injection is for leg pain. Most leg pain will settle if left alone, but the pain can be very severe and stop you from doing normal things. You do not need an injection to get better but the evidence suggests it will reduce the number of days that you have severe pain. After one year any pain that you still have will be the same whether you had the injection or not.

You may notice an improvement in your pain straight away, this is because of the local anaesthetic in the injection. It may take several days before the steroid starts to work. Pain relief from the steroid can last many weeks. By this time your nerve root irritation should be getting better and no further treatment will be needed. This is more likely if you have a disc causing your leg pain. If the pain returns after some time you could have another injection, try different painkillers or consider surgery (such as microdiscectomy). Or put up with it!

What are the risks and side effects associated with the procedure?

- Temporary difficulty taking weight on the injected side. This is common, particularly if local anaesthetic is used.
- Increased discomfort for the first few days following your injection is reasonably common.
- Bruising to the injected area is reasonably common.
- Side effects due to the injected steroid: facial flushing for a few days, temporary alteration to your usual menstrual cycle (females), temporary increase in your blood sugar levels (diabetics). These occur reasonably commonly
- A bad flare up of your pain for several days. This occurs uncommonly.
- Headache. Approximately one in a hundred patients will develop a severe headache following this procedure. The vast majority of these headaches will get better within a week, others may require treatment.
- Blood clot in the epidural space. This occurs very rarely and may require surgery to remove the clot.
- Seizures from the local anaesthetic. This occurs very rarely.
- Epidural infection is very, very rare (about 1:150 000). Infection can lead to abscess formation or meningitis.
- Permanent nerve damage, leading to weakness or paralysis. This is very, very rare (about 1:250,000)

There have been no cases of permanent nerve damage or deep infection in patients having a nerve root injection in the Pain Clinic at Torbay.

What happens on the day of my appointment?

You may eat and drink as normal. Please take all your tablets as normal, apart from anticoagulants such as Warfarin and Clopidogrel.

You will not need to get undressed as long as you are wearing loose fitting clothing so that the skin of your lower back can be easily exposed. Tracksuit clothing would be ideal, for example. You will have a small drip put into the back of one of your hands in case you feel faint or unwell and need treatment.

You will be asked to lie on your front for the procedure which usually takes about 20 minutes. Your skin will be washed with antiseptic which feels cold and an injection of local anaesthetic will be given to numb the area. This will sting temporarily. . You will need to keep very still when the needle is being positioned. An x-ray machine is used to help with the correct placement of the needle. Once the needle is correctly positioned the injection takes place.

Occasionally the needle can bump into the nerve root, causing a shooting sensation down your leg. If this happens the needle is moved away from the nerve. As the injection is done you may notice an increasing ache into your leg. This is not normally very painful and it usually does not last long. You may not notice anything at all.

The injection contains a small amount of local anaesthetic, steroid (Dexamethasone or Triamcinolone) and a small quantity of special dye. The dye can be seen on the x-ray and is used to show the position of the injection.

What happens after the procedure?

After the procedure you will need to stay in the department for thirty minutes or so, until you are able to walk and are fit for discharge. You must not drive home or go home on public transport. Please arrange for someone to collect you from the Day Surgery Unit. You are allowed to go home by taxi.

The day surgery nurses will give you a discharge letter, briefly explaining what you have had done. Usually another letter will arrive in the post from the Consultant who has done your procedure. The day surgery letter will contain contact details so that you can phone someone day or night if you have a problem related to your injection. They will also phone the day after your injection.

After your injection take things easy for the rest of the day. Do not do any hard exercise or heavy work for the first few days.

Continue to take your pain tablets until you notice any improvement.

You will be asked to keep a pain diary (this will be supplied) and to post this back to the pain service after 3 months. It is very important that you do this. What to do next is based upon outcome of the pain diary.

Important information

Please inform the Day Surgery Unit if you are diabetic, have a cough or cold, or have any kind of infection.

You must inform us if you are taking antibiotics, aspirin, Warfarin or Clopidogrel before attending. Some of these may need to be stopped some days prior to your appointment. Warfarin is usually stopped for 5 days before the injection if you have Atrial Fibrillation. If you are taking it for any other reasons please consult your doctor or the pain clinic.

Information for females

You will be asked if there is any chance that you could be pregnant prior to having exposure to x-ray.

For further information regarding nerve root injections, please go to the British Association of Spinal Surgeons website at www.spinesurgeons.ac.uk (click through to "Patient Information" then "Nerve Root Pain and Some of the Treatment Options").

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.