Northern Devon Healthcare NHS Trust

# Caudal Epidural Injections

## Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

## What does a Caudal Epidural Injection involve?

The epidural space runs along the length of your spine. The caudal canal is just above your tail bone. All of the spinal nerves travel through the epidural space to exit the spine. Inflammation around the nerves can be a source of pain.

A caudal epidural injection involves injecting a local anaesthetic followed by an anti-inflammatory steroid into the epidural space at the base of your spine, just above the tail bone.

## Why is it needed?

The aim of this procedure is to reduce inflammation and swelling to allow tissues to heal to reduce leg pain. This will enable more effective rehabilitation in the form of activity, exercise or physiotherapy.

## Consent

We will ask you to give your consent to the procedure before it is carried out. The risks and benefits, as outlined in this leaflet, will be explained before you are asked to sign the consent form.

## Pre-procedure advice

You can eat and drink as normal before the procedure.

You should take your usual medication as directed. If you take anticoagulants such as warfarin or clopidrogrel, you will be instructed to stop these three days before the procedure. You will have been advised on this during the pre-assessment.

## What happens before the procedure?

On arrival you will be directed to the relevant waiting area.

## What happens during the procedure?

The procedure will be explained to you.

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.

## How long will the procedure take?

The procedure will take approximately 10 - 15 minutes.

## What happens after the procedure?

You will be asked to lie on the bed on your most pain affected side for approximately 30 minutes. This is to maximise the procedure's beneficial effects. Your blood pressure will be monitored regularly as the procedure may cause your blood pressure to lower temporarily. If this occurs, you will be monitored until it returns to normal.

## How will I feel afterwards?

Your legs may feel slightly numb and heavy due to the anaesthetic. This will wear off after a few hours.

The nerves to the bladder can also be numbed by the local anaesthetic. It is therefore necessary for you to pass urine before you are discharged home.

You may feel slightly tired during the first 24 hours.

You may feel an increase in pain during the first week following the procedure. If this occurs, you may take your usual pain relief.

## Risks

- As with any injection, there is a theoretical risk of getting an infection where the needle is placed. We will take strict infection control measures to minimize this risk.
- A little bleeding or bruising around the site of the injection may occur. Occasionally, you may experience a temporary headache. Rarely, women may experience a temporary disturbance in their menstrual cycle.

## After effects

- Temporary numbness in the buttocks and legs - usually wears off in 2 - 4 hours.
- Temporary bladder leakage in those with weak pelvic floor muscles - usually wears off in 2 - 4 hours.
- Menstrual irregularity due to hormonal imbalance (triamcinolone) - usually only lasts 1 - 2 menstrual cycles.

- 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.

## Complications

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 occasionally the epidural needle can puncture a hole in the dural membrane (membrane between the spinal fluid and the epidural space). This can be treated with an epidural blood patch, intravenous fluids and analgesics. Normally the hole seals on its own in 2 weeks and your headache will go away.

- Anaphylaxis - an allergic reaction to the local anaesthetic used. Please tell your consultant before the treatment if you have any drug allergies.

- Total spinal injection - numbness in the whole body due to the local anaesthetic entering the spinal fluid.

- Epileptic seizures - this can occur if significant amounts of the local anaesthetic enter the circulation via the epidural space. Lignocaine 0.5% has a very low chance of causing this even if the whole amount was injected intravenously.

## Aftercare advice

The aim of the procedure is to reduce or eliminate the level of your leg pain. In order to gain long term benefit, it is important to actively take part in your rehabilitation. The benefits may not be felt until up to a week afterwards.

As a precaution, you are advised not to drive yourself home following the procedure.

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.

## Follow up

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.

## Queries

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

### PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or e-mail ndht.pals@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

### Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

‘Care Opinion’ comments forms are on all wards or online at www.careopinion.org.uk.

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