

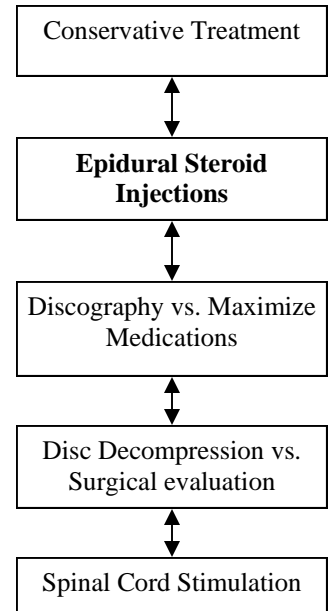
Cervical Radiculopathy

Cervical radiculopathy is a very common cause of neck and arm pain. The definition of radiculopathy means “disease of the spinal nerve roots.” A common cause of radiculopathy is herniation or degeneration of the discs between the vertebrae causing impingement on a nerve root as it exits the spinal cord. Other causes include forward or backward movement of the vertebrae or degenerative arthritis causing narrowing of the spinal column both of which result in impingement of the exiting spinal nerves. Rare causes include infections or tumors. It usually presents with pain that radiates from the neck and into the arms in the distribution of the nerve which is being impinged upon. There could be a sense of numbness, tingling, or weakness in the distribution of the nerve that is affected.

Conservative treatment includes the use of non-steroidal analgesics, anti-epileptic medications, and physical therapy. If conservative treatment is inadequate in controlling the pain, interventional injections are indicated. **Opioid or narcotic medications have not been shown to be effective in the treatment of this type of pain.**

Epidural Steroid Injections

- 1) Epidural injections have been shown to decrease the severity of symptoms associated with radicular pain. The duration of pain relief is unpredictable though.
- 2) Diagnostic injection—This procedure generally takes approximately 15 minutes to perform. It is performed in an operating room under sterile conditions. After numbing the skin with local anesthetic, a small needle is guided using x-rays into the epidural space close to the nerve that is affected. Contrast dye is injected to confirm proper needle placement. A small amount of local anesthetic and steroid is then injected.
- 3) Depending on the amount and duration of pain relief, these injections can be repeated as needed.
- 4) If no relief is obtained, assuming a successful injection, reassessment for other methods of pain relief or other causes of pain must be sought.



Your procedure is scheduled with Dr.: _____

On: _____ at: _____ (am/pm)

Please arrive by: _____ (am/pm)

Other Comments: _____

Epidural Steroid Injections

What to Expect

Prior to Procedure

- 1) If you are taking aspirin, it must be stopped 7 days prior to your procedure. If you are taking non-steroidal medications such as ibuprofen or naproxen, these must be stopped 5 days before your procedure.
- 2) Please let us know if you are on any anti-coagulants (“blood thinners”) such as coumadin, heparin, or Plavix.
- 3) Nothing to eat or drink (except medications) after midnight the day of your procedure.

Day of Procedure

- 1) You will need to arrange for someone to drive you home after your procedure.
- 2) Arrive one hour prior to your scheduled appointment.
- 3) You will be evaluated by the nursing staff and a physician.
- 4) An I.V. may or may not be placed.
- 5) A consent form for the procedure must be signed.
- 6) You will be taken into the operating room and asked to lay on your side or back.
- 7) X-rays will be taken to determine the injection site.
- 8) A small amount of local anesthetic will be injected to numb the skin and deeper tissues.
- 9) A small needle will be directed under X-ray guidance into the epidural space close to the affected nerve. Contrast dye will be injected to confirm proper needle placement.
- 10) Local anesthetic and a small amount of corticosteroid will then be injected.
- 11) The needle is removed and you will be taken to the recovery area for discharge.
- 12) Pain relief should start within one week of the injection. Do not be discouraged if you do not experience relief right away. The medication takes at least 2 days to even start working.

Risks of the Procedure—Although considered very safe compared to other injections, the following risks may be associated with epidural steroid injections.

- 1) Infection—very rare when done with strict attention to sterile protocol. Symptoms and signs include increasing pain from the site of the injection site, fever, or chills usually starting three days to one week after the procedure. In the rare case of infection, oral or intravenous antibiotics may need to be given. Very rarely surgical drainage may be necessary in the case of abscess formation.
- 2) Allergic reaction to medications used for the injection. Please let your physician or nurse know if you are allergic to any medications and how your allergy manifests (rash, shortness of breath, etc.).
- 3) Nerve root irritation—usually manifests as pain or weakness in the distribution of the nerve. This is usually short lived and resolves within hours.
- 4) Failed block—if you receive no benefit from the procedure, either the procedure was unable to be completed due to technical difficulties, anatomical barriers, or the impinged nerve is unresponsive to this treatment
- 5) Spinal headache—caused by a small puncture of the sheath surrounding the spinal cord. It could result in a headache that is made worse upon standing upright and relieved when recumbent. Usually self-limited but may require a small procedure (epidural blood patch) to resolve.
- 6) Nerve damage / paralysis/ seizures—this is extremely rare but is a known risk of these injections.

If you have any questions or concerns regarding this procedure, please call us at: