



Caudal Epidural

Patient Information

****IMPORTANT****

If your leg pain improves before your appointment please contact us immediately as it may be that you no longer need the procedure.

Whilst you have sciatica, if at any time you develop numbness or tingling at the top of your thighs, between your legs, in the 'saddle' or genital areas, and/or you develop alteration of bladder or bowel function, you should attend an A&E department urgently. Development of these symptoms could indicate a significant progression of your back problem which requires urgent medical assessment.

Please contact the team if you are on antibiotics or you have an infection as this may mean we have to delay the injection.

Before the Procedure

Your clinician will reassess the severity of your leg pain to ensure it is appropriate to carry out the procedure. This is because your symptoms may have changed since you were referred.

It may be that your clinician decides with you that a Caudal Epidural is no longer an appropriate treatment and a different treatment option may be offered to you.

What is a Caudal Epidural Injection?

A Caudal Epidural injection is an injection of a steroid and local anaesthetic solution into your lower back. The injection is given through an opening in the sacral bone into an area called the epidural space. The longer a patient has had symptoms, the less successful an epidural may be, unless a tailored exercise programme is undertaken in order to maintain pain reduction.

Why may I need a Caudal Epidural?

The intervertebral discs in your spine may have suffered degeneration (general wear and tear) or damage from an injury. When the disc is inflamed the nearby nerves can become irritated. These nerves supply sensation to the leg and the brain is deceived into thinking that the leg is injured. This means that pain can be felt in the buttock and legs as well as your back.

Caudal Epidural injections are not effective for back pain but are sometimes used in the treatment of sciatica (back pain with referred leg pain); they are thought to have three potential beneficial effects:

- A physical action, increasing the space around compressed nerves.
- Local anaesthetics numb the nerves for a period of hours, giving short term pain relief.
- The steroid has a long term effect, reducing inflammation around the nerves.

How is the Caudal Epidural carried out?

Shortly before the epidural you will have to change into a gown or your own dressing gown and your blood pressure will be taken. You will have time to ask any questions about the procedure and you will be asked to sign a form consenting to the caudal epidural. You will be asked to lay face down on the bed. The Doctor or clinical specialist will identify the injection site and clean the area with a cold antiseptic solution. The local anaesthetic/steroid solution will be injected into the epidural space. The epidural space is located at the base of the spine and so your underwear may need to be lowered slightly to administer the injection. Please ensure suitable underwear is worn. If you would prefer a chaperone to be present for the injection please let this be known when you arrive for your appointment.

There may be some discomfort in the back at the time of the injection but the process only takes a few minutes. During the procedure you may experience a temporary increase in your leg symptoms; this is normal and is caused by the increased pressure as the solution is introduced into the epidural space. After the procedure a small dressing or plaster will be applied at the site of the injection, which can be removed after 24 hours.

How long will it take?

Following the injection you will be given a warm drink and about 30 minutes later your blood pressure will be checked. There is a slight possibility that your blood pressure may become lowered by the injection. If your blood pressure is ok and you feel well, you will be allowed home.

You must bring someone with you to escort you home. You MUST NOT DRIVE home following your injection.

Before the injection

On the day of the Caudal Epidural you may eat and drink as normal. You may take other medications.



If you are taking any blood thinning medication including the following please contact us on 0161 357 5270 press option 4:

- Warfarin
- Clopidogrel
- Rivaroxaban
- Dabigatran
- Dipyridamole or Aspirin with dipyridamole
- Prasugrel
- Ticagrelor
- Apixaban
- Edoxaban
- Acenocoumarol

If you are diabetic you should inform the clinician on the day.

What are the possible side effects?

As with any procedure there can be side-effects, which are listed below. However, reports on thousands of patients show that epidural steroid injections are straightforward and safe.

Short term

- Rarely patients may experience a severe headache. This is caused by the needle puncturing the membrane in the epidural space. If this happens, drink plenty of water, take some paracetamol and lay flat. If the headache persists for more than 24 hours, contact your GP or A&E department.
- Your blood pressure may fall immediately after the injection; this can be treated with fluids.
- You may feel some discomfort at the injection site for a couple of days. However, if the pain is severe or you feel unwell you should contact your GP or A&E.

- The injection may make your normal pain worse for two to three days known as a post injection flare.
- Infection is a risk but is rare. A strict aseptic technique is used to minimise the risk. If you feel unwell in the days after the injection such as a raised temperature, vomiting or fever, a redness or swelling around the injection site, you should seek medical advice either from your GP or a walk-in centre.
- You may experience facial flushing for two to three days after epidural injection.
- You may experience new or additional symptoms of numbness around your genital areas. If these symptoms occur they normally resolve after about 12 hours. If these symptoms fail to settle by 12 hours then you should attend A&E urgently.
- One or both legs may feel “wobbly” or weak immediately, or soon after, the injection.
- Although very rare, nerve damage can occur from needle trauma, infection or bleeding.
- Rarely, the local anaesthetic can affect the nerves to the bladder. If this happens there may be difficulty passing urine until the local anaesthetic has worn off. If you have difficulty or have not passed urine 4 hours or more after the procedure, contact your local A&E department.
- Rarely, you could experience one episode of urinary incontinence later the same day. This then returns to normal. If it recurs then you should attend A&E urgently.

Long term

Potential side effects of steroids

We have known for a long time that use of steroids in high doses or over a long period of time can cause significant side effects like thinning of the bones (osteoporosis), thinning of the skin, eye problems, diabetes, high blood pressure and weight gain. We now also know that even a single epidural injection may lead to a small increase in risk of a fracture of the spine due to thin bones. This is unlikely to be a major problem in people who are young and fit and likely to have strong bones. However, if you are already at risk of thin bones, or are known to have osteoporosis, or have had many previous steroid injections (including previous epidurals), then the risk of a fracture is likely to be higher. Research has shown a 20% increase of future bone fracture risk each time an epidural injection is performed.

How long do the side effects last?

If you experience increased pain, continue taking your regular prescribed pain killers. These symptoms should settle down after 12-24 hours.

Will it work?

Caudal Epidurals produce a significant improvement in pain in about two thirds of people who receive them - but they do not work for everyone. It may be 3-10 days before the effect of the injection is apparent. The pain relief is variable and can last from a few days to months.

Aftercare

You need to arrange for someone to collect you and take you home. They need to stay at home with you for the rest of the day. It is advisable to rest in a semi reclining position for 48 hours to allow the steroid to get to the correct level. You may eat and drink as normal, and continue to take all your usual medication including pain killers.

Who do I contact if I have problems after the procedure?

If you feel unwell in any way in the days following the epidural your first point of contact will be your own GP, if the problem occurs outside of normal working hours visit your nearest walk-in centre

Follow-up procedure after your epidural

If you have a good response you do not need to contact the team. However, if the pain returns you can be booked in for reassessment from a Clinical Specialist Physiotherapist. As long as this is within 12 months of your first epidural you can do this without having to go through your GP. If it is longer than 12 months you will need a new referral into MSK from your GP.

What to bring to your appointment

- A list of your medication
- If possible, please bring a dressing gown (if not, we will provide you with a gown)

If you have any concerns or need advice about your treatment
please contact our team on: **0161 357 5270** press option 4