**Lumbar Epidural Injections**

Current national guidelines recommend considering epidural injections in people with acute or severe sciatica.

Sciatica refers to a specific type of nerve pain that causes a sharp pain sensation to travel down one or both legs, sometimes accompanied by numbness or tingling in the affected areas. This condition usually occurs following irritation of the sciatic nerve due to inflammation or compression of the nerve.

**Outlook**

Approximately 60% of patients report good levels of improvement by 6 to 8 weeks and 70–80% will feel better by three months.

However, nerve root irritation is a painful and debilitating condition and there is a balance between waiting whilst nature gets you better, versus waiting too long which might prolong your suffering and pain.

**What is a lumbar epidural injection?**

An epidural injection involves the delivering of a steroid with or without local anaesthetic into the spine. This may help to reduce any inflammation and pain around the nerve while natural healing continues. There are different techniques for giving epidural injections for sciatica, these include:

* Transforaminal – this is an injection into the side of your spine.
* Interlaminar – this is given between two of your vertebrae (back bones).
* Caudal – this is given through an opening at the base of your spine (tail bone).

**Benefits**

**Pain Relief**

* Up to 60% of people experience significant benefit from these injections.
* Improvement may start immediately or a few days to take effect.
* The duration of benefit is variable and may last a few weeks, months or years.

 **Risks**

**Common: Between 1 in 10 and 1 in 100 people are affected.**

* **Tenderness and/or Bruising.** Mild local tenderness and / or bruising at the site of the injection. This usually settles over the first few days.
* **Pain.** Injection treatments are not always effective and may not help your pain.

**Uncommon: Between 1 in 100 and 1 in 1,000 people are affected.**

* **Numbness and/or Weakness**. Rarely the local anaesthetic may spread causing some numbness and/or weakness in your legs and other areas. Should this occur, the effect is temporary and will rapidly resolve over minutes rarely hours.

**Rare: Between 1 in 1,000 and 1 in 10,000;**

* **Infection**. This is rare. You should seek medical help if there is local warmth or redness over the site of the injection with tenderness and/or you feel hot and unwell. This may require antibiotic treatment.
* **Headache**. On rare occasions the needle may be placed too far and spinal fluid (CSF) encountered. This is called a ‘dural puncture’ and may lead to a headache that requires further treatment. If a severe headache does develop following your injection, take some paracetamol, drink plenty of water, and lie flat. If the headache continues for more than 24 hours please contact your GP.
* **Allergy**. Injected dye, local anaesthetic, and/or steroid may rarely cause an allergic reaction.

**Very Rare: Fewer than 1 in 10,000 people are affected.**

* **Nerve Injury**. There are important nerves in the spine, but serious nerve injury is very rare. Injury to nerves that supply muscles to your leg can lead to foot drop for lumbar injections causing you to be unable to lift your foot up. Great care is taken during the procedure to avoid this very rare complication by placing the needle carefully under x-ray and only treating the nerves when the doctor is confident that they are in the right position.

**Potential Side Effects of Corticosteroids**

* **Flare Up.** Occasionally people notice a flare in their pain within the first 24 hours after an injection. It usually settles on its own within a couple of days. Use your usual pain killers to relieve symptoms.
* **Thinning of Skin.** Occasionally some thinning of the skin or dimpling skin colour change may occur at the injection site. This is more likely to happen if you have a higher dose of steroid.
* **Facial Flushing and Menstrual Cycle**. Steroid injections may sometimes cause facial flushing or interfere with menstrual cycle making them irregular temporarily. However, you should consult your GP if concerned, or if it persists.
* **Mood Change.** Any treatment with steroids may cause changes in mood, either elation or depression. This may be more common in people with a previous history of mood disturbance. If you have concerns, please discuss this with your doctor.
* **Change in Glycemic Control**. People with diabetes may find that the steroid injection affects their blood sugar control. Sometimes you may notice a temporary blood sugar rise. It is recommended that you check your blood levels more regularly. It may take between 1-3 weeks for them to settle.