An Epidural Steroid Injection (ESI) is a common procedure used in the conservative treatment of back/leg and neck/arm pain. The purpose of the ESI is to relieve pain associated with pressure on the nerves in the back and neck. The most common reason an ESI is recommended is for the treatment of leg or arm pain associated with problems such as a herniated disk or arthritis causing pressure on the nerves. An ESI is often requested prior to consideration of surgery for most patients with back, leg, neck and arm pain associated with pressure on the nerves. In most cases, a series of up to three injections within one year can be requested.

The following are common questions regarding an ESI and what to expect during/after the procedure:

What medication is used in the ESI?
The most common medications used for the injection are a numbing medicine and a steroid medicine. There are several types of injections that can be done, depending on the symptoms and findings on the MRI.

How is the injection done?
Typically, at UMHS, the injection is done in the x-ray department by a trained radiologist (x-ray doctor). However, injections can also be done by an anesthesiologist, or other specially trained physician. You will be awake during the procedure, but the area of the injection may be numbed. You will be asked to lie on the x-ray table, and the area to be injected is covered with sterile towels. The area of the injection is then cleaned with a special skin cleanser to prevent infection. The radiologist will take several x-rays of the area during the injection, to make sure the location is correct. It is important for you to describe the location of the pain, to ensure the proper injection site. After the skin is cleaned and the location is confirmed, the area may be numbed (like the dentist numbs the area for dental work). You will then be asked to lie very still while the injection is being performed. You may feel some pressure in the area during the injection. During the injection, if you feel any pain in the area or pain in the arm or leg, let the radiologist know. The injection should take about 30 minutes, and you will go to the recovery area for about 30 minutes. You will be asked to walk around before being discharged home.

x-ray image of lumbar steroid injection
How should I prepare for the injection?
There is generally no special preparation for the injection. You should take a shower the morning of the injection to make sure your skin is clean- this will help to prevent infection.

- If you are diabetic, be sure to monitor your blood sugar closely after the injection, as the steroid medication can cause the blood sugar to go up. It is important to talk with your primary care provider before to the injection in case adjustments need to be made to your diabetes medication.
- Notify your provider or the radiologist BEFORE to the injection if you have ever had an allergic reaction to contrast dye, iodine or seafood, or if you have ever had any reaction to a previous injection
- You should NOT have an injection if you have taken any antibiotics within 10 days prior to the procedure
- If you have had a cold or fever within 24 hours of the injection, the procedure will need to be postponed.
- Tell your provider and/or the radiologist if you are taking any blood thinners- such as Plavix, aspirin, coumadin (Warfarin) or lovenox. You cannot have an injection if you are taking any blood thinners.
- Wear comfortable clothing, such as sweat pants or shorts
- You will need an adult driver to take you home after the injection
- If you need a work release for the day of the injection, please notify your provider before the procedure

What should I expect after the injection?
The injection site may be sore or bruised- that is not unusual. You should rest the day of the injection, and avoid any strenuous activities for 24 hours. Most people can return to work after 24 hours, but should avoid heavy lifting or strenuous activities for a few days. You may not notice significant improvement in pain immediately after the injection. Sometimes, the relief is gradual and can take several days. You should schedule a follow-up appointment with your provider 4-5 weeks after the injection.

You should notify your provider if:
- You notice a fever of 100.5 or greater after the injection
- You notice increasing redness/swelling or drainage from the injection site
- You notice a headache that is not relieved by Tylenol or ibuprofen, or that becomes worse over the day following the injection