

If you are taking Coumadin or Plavix (or related products) you should have stopped it 7 days prior to this procedure.

HOW LONG DOES THE INJECTION TAKE?

The actual injection takes only a few minutes, but plan to spend 1-1.5 hours at the facility.

WHAT IS ACTUALLY INJECTED?

The injection consists of a mixture of local anesthetic (lidocaine) and the steroid medication (preservative free triamcinolone)

WILL THE INJECTION HURT?

The procedure involves inserting a needle through the skin and deeper tissues (like a "tetanus shot"). So, there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle prior to inserting the Epidural needle. IV sedation is used in most cases to provide relaxation, but you will not be "put out" for the procedure. If you undergo IV sedation you will have food and water restrictions (see last page "REMEMBER")

HOW IS THE INJECTION PERFORMED?

It is done with the patient lying on their belly. We use a fluoroscope which gives a x-ray image of the lower back for proper placement of the needle. The patients are monitored with a blood pressure cuff and a blood oxygen monitoring device.

WHAT SHOULD I EXPECT AFTER THE INJECTION?

Immediately after the injection, you may feel your legs slightly heavy and/or numb. Also, you may notice that your pain may be gone or quite less. This is due to the local anesthetic injected. This will last only for a few hours. Your pain will return and you may have a "sore back" for a day or two. This is due to the mechanical process of

needle insertion as well as initial irritation from the steroid itself. The cortisone starts working in about **1 to 5 days** and its effect can last for several days, months or even years.

WHAT SHOULD I DO AFTER THE PROCEDURE?

Make sure to make an appointment to see us for a follow up 2-3 weeks after each injection to decide the future course of treatment options. You should have a ride home. Please **DO NOT** plan to drive or perform activities needing coordination right after the procedure. You do not need to stay in bed. You may walk and do activities as tolerated, but do not resume strenuous physical activity even if you feel better.

CAN I GO BACK TO WORK THE NEXT DAY?

You should be able to return to non physical activity, check with the Doctor.

HOW MANY INJECTIONS DO I NEED TO HAVE? If the first injection does not relieve most of the symptoms in about two weeks, you may need to have the 2nd or even the 3rd injection.

CAN I HAVE MORE THAN THREE INJECTIONS?

In a 12 month period, we generally do not perform more than three Epidural injections. If three injections have not helped you significantly, it is very unlikely that you will get any further benefit from more such injections. Often the injections may help the pain in the leg (sciatica) but not the center back pain. Other procedures such as Facet joint nerve blocks and Radiofrequency Neurotomy (heat waves to burn

pain nerve endings) may be indicated, check with the doctor.

WILL THE EPIDURAL STEROID INJECTION HELP ME?

In most cases it will not stop all back, leg, neck or arm pain with one injection. Mostly, it will reduce pain by 50% or more than before. Some patients may feel more relief from an injection than others, while some patients may need more than one injection to get relief. Generally speaking, the patients who have "radicular symptoms" (spine pain traveling in legs or arms) respond better to the injections than the patients who have only back or neck pain. Similarly, the patients with a recent onset of pain may respond better than the ones with a long standing pain.

WHAT ARE THE RISKS AND SIDE EFFECTS?

Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain – which is temporary. The other rare risks may include infection, bleeding, spinal puncture with headaches, nerve injury etc. *In over 15 years of practice, Dr. Gopal has performed over 15,000 spinal procedures on patients with no reported serious complication.*

WHO SHOULD NOT HAVE THIS INJECTION?

If you are allergic to any of the medications to be injected, or if you have an active infection or illness going on, you should not have the injection.

CERTAIN MEDICATIONS MAY INCREASE THE RISK OF COMPLICATIONS.

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* If you are on Coumadin (warfarin), Heparin, Aggrenox, Lovenox (enoxaparin), Ticlid (ticlopidine), Plavix (clopidogrel), Pradaxa (dabigatran), Eliquis (apixaban), Xaralto (rivaroxaban) OR Other BLOOD THINNING products you will need to get a medical clearance allowing you to stop your medication from your primary physician or cardiologist, prior to your scheduled procedure. **DO NOT STOP TAKING YOUR MEDICATIONS UNTIL WE CALL AND NOTIFY YOU THAT YOU HAVE A MEDICAL CLEARANCE.** You can continue to use Celebrex and your pain medicines before the procedure. You should continue to **TAKE YOUR ROUTINE MEDICATIONS** (high blood pressure and diabetes medications) before the procedure. If you are on antibiotics please notify us, he may wait to do the procedure. You can resume taking these the next day after the procedure.

REMEMBER:

- **This and all Procedures are performed at New York Advanced Surgical Intervention Care – 2008 Eastchester Road, 2nd level Suite B, Bronx NY 10461**
- **Please DO NOT stop taking your blood pressure, diabetic, insulin, or cardiac medicines.**
- **Have adult drive or take personalized taxi service to return to your home.**
- **Wear loose, comfortable 2 piece clothing.**
- **Please do not bring any valuables with you day of procedure as you undergo anesthesia**
- **If you are diabetic, steroids may temporarily affect your blood sugar, please contact your physician.**

- **Stop taking Coumadin or Plavix (related products) 7 days prior to the scheduled procedure.**
- **Bring any requested MRI, CT, X-ray images on the day of the procedure.**
- **If you are pregnant or possibility that you may be pregnant, let the physician know immediately, as the X-ray camera cannot be used.**
- **When you check in you will need to sign consent forms, advise the medical staff of any allergies, especially to shellfish, iodine, contrast dyes or Latex.**
- **IV sedation; No FOOD for 8 HOURS before the procedure. Clear fluids (Water, Apple Juice) are OK 4-6 hours before the procedure. If you are Diabetic and have taken your medicines, please make sure you drink Apple Juice 4-6 hours before your procedure.**

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EPIDURAL STEROID INJECTION

WHAT IS AN EPIDURAL STEROID INJECTION?

Epidural Steroid Injection is an injection of long lasting steroid ("cortisone") in the Epidural space (the area which surrounds the spinal cord and the nerves coming out of it) done under a fluoroscope (X-ray camera) with the latest and advanced techniques.

WHAT IS THE PURPOSE OF IT?

The steroid injection is directed to the source of the pain. ("It can be compared to trying to put the fire out from where it starts") The steroid reduces inflammation and swelling of targeted nerves in the Epidural space to relief pain, tingling, numbness and other symptoms. The fluoroscope allows pinpointing the pain source safely and effectively. This also allows use of a lower steroid dose and number of procedures done per patient. By getting to the source of the pain and controlling it, the body is given a chance to recover from the pain, avoid drug dependence, disability and improve quality of life. In most cases patients can live with the condition they have and avoid surgery.