

# Spinal injection

Information for patients having a spinal injection  
with the spinal orthopaedic team



OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

You are on the waiting list for a spinal injection. This information aims to give you details about the injection and to answer some questions you may have.

## Aims of injection

Injections can be therapeutic (to help reduce your pain) and/or diagnostic (helping us find out where your pain is coming from). The purpose is to see an improvement in your arm or leg pain as the injection numbs the nerve and calms down inflammation.

How you respond to the injection can help us make better decisions. The injection can help with pain relief, make the condition of your life better and help your recovery to become more active as the pain settles. Thankfully, most cases needing injections do not go on to need surgery.

## Types of injection

- **Epidural** – usually given in the low back
- **Nerve Root Block** – in the back (lumbar spine) or neck (cervical spine).

## What is in the injection?

Local anaesthetic – to lessen discomfort – and steroid, to help settle swelling. There is a small amount of dye so that the injection can be seen on an x-ray.

## Pre-operative – before the procedure

You will receive a confirmation of the procedure date well in advance, location (Wycombe or Stoke Mandeville Hospital), instructions of what to bring with you to hospital and how to prepare for the day. Please ensure that you have planned for someone to collect you after the procedure.

### **Important: Anticoagulants**

If you are taking medication which affect blood clotting, then you may need to stop these a few days before the injection, if this is advised. Check with your specialist or GP if not sure.

## On the day of the procedure

You will need to have nothing to eat or drink for at least 6 hours before your injection, other than sips of water for regular medication.

## What can you expect during the procedure?

Before the injection, your doctor will talk about the procedure with you. Your doctor will get your consent before the injection. The treatment will take place in a dedicated area with trained staff. An X-ray machine (or other forms of image guidance) may be used to find the accurate injection site. You will be prepared for the procedure using the following guidelines:

- Observations such as blood pressure and pulse rate may be made
- A small needle (cannula) may be placed in the back of your hand
- You will be carefully positioned and the skin around the injection site(s) will be cleaned with an antiseptic solution or spray; this can feel very cold
- X-ray (or an alternative way of guiding the needles) may be used
- You will feel a stinging sensation as local anaesthetic is injected to numb the skin and surrounding tissues. Your doctor will warn you of this before hand
- The doctor will direct the injections to the area(s) suspected to be a source of pain. When the injections are made, you may feel pressure, tightness or a pushing sensation. If there is any discomfort, do let the doctor know.

## What will happen to you after the injection?

After your injection you may need to lay flat for 30 minutes, longer if sedated (made sleepy). During this time, you will be observed by the nursing staff. You can return home the same day.

## What can you do after your procedure?

You are advised not to drive or use machinery for 24 hours after your injection (48 hours if sedated). Please ensure you have planned for someone to collect you after the procedure.

Ideally, you should arrange for someone to stay with you for 24 hours but, failing that, you should at least have access to a telephone. You should not drive, use machinery, sign legal documents, provide childcare unsupported or drink alcohol until fit to do so. If you are not sure, please talk about these issues with your doctor for further advice.

Keep gently active but avoid tiring activity for 2-3 days.

## Risks and side effects of injections

- Side effects include mild bruising, tenderness and swelling around the injection site which settles within a few days. The local anaesthetic may rarely spread causing some numbness and/or weakness in your legs (lumbar injections) or arm (cervical injections). Should this occur, the effect is temporary and will rapidly settle over minutes or rarely hours.
- Risks include infection. Rare (less than 1%). Ask for medical help if there is local warmth or redness over the site of injection with tenderness and/or you feel hot and unwell. This may require antibiotics.
- Risk of puncture of the dura (outer covering of the nerve) (less than 0.5%): On very few occasions the needle may be placed too far and spinal fluid (CSF) is encountered. This is called a dural puncture and may lead to headache that needs further treatment. If you develop a severe headache after your injection, take some pain relief, drink plenty of water and lay flat. If the headache lasts for more than twenty-four hours, please contact your GP.
- Risks also include return or continuation of pain, temporary increase in pain lasting 24-72 hours, nerve injury (less than 1/10,000). Continuing weakness of the legs and/or incontinence (lack of control in your bladder or bowel) need further urgent investigation.
- Risk of severe harm or even death with cervical (neck) injections. These complications are so rare it is hard to say how often they occur with certainty. Please speak to your doctor to talk about this issue fully.
- Risk of falling blood pressure and, people may feel faint, but this does not happen a lot.
- Risk of damage to your eyesight due to steroid. This also hardly happens. You should report any new visual disturbance (such as blurred or distorted vision) to your doctor.

## What can you expect in the days after the injection?

You may experience some discomfort at the injection site. Please keep the area dry for 24 hours following the procedure. Do not worry if your pain feels worse for a few days as this sometimes happens. Take your regular pain relief and medications as normal and this should settle down. Try to keep moving whilst avoiding anything too tiring.

## What should you do in the weeks after the injections?

As your pain decreases, you should aim to gradually increase your activity. Simple activities like a daily walk, using an exercise bike or swimming will help to improve your muscle tone and strengthen your muscles. You may have other interventions such as physiotherapy.

### Review

You will be reviewed, usually via a pre-arranged telephone call, 6-8 weeks after the injection.

## British Spine Registry

As you are having a spinal injection you may also be listed on the British Spine Registry. This collects information about spinal treatments across the UK. The information recorded helps to find out which spinal treatments are most helpful and in which patients they work best. The aim is to improve patient care in the future. You may receive an invitation to join the British Spine Registry via email so please look out for this and complete the correct patient questionnaires. If you do not receive an email, the database can also be read via their website at

**[www.britishspineregistry.com/patients](http://www.britishspineregistry.com/patients)**.

# Information booklets

Other useful information can be found at the following website:

- **British Association of Spine Surgeons**  
00538-22 Lumbar Radiculopathy Nerve Root Block Injection leaflet  
([spinesurgeons.ac.uk](http://spinesurgeons.ac.uk))

## For further advice

If there are any other questions about your proposed procedure, please write these down and bring with you. Your health care professional will be more than happy to answer any further questions you may have. Please ensure your consultant is told of any change to any medicines, medical conditions including pregnancy or allergies before your procedure.

If you change your mind and want to cancel the procedure, please give as much notice as possible so we can give the appointment to someone else. Thank you.

- **Mr Seel, Mr Blagg patients: 01296 315712**
- **Mr Mahmood's patients: 01296 831996**

Please remember this leaflet is made as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

## How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to and after leaving the ward. In some situations, hands may need to be washed at the sink using soap and water rather than using the hand sanitiser as hand sanitisers are not suitable for use when dealing with patients who have symptoms of diarrhoea.

If you need advice or further assistance, please contact our patient advice and liaison service (PALS): call **01296 831120** or email **bht.pals@nhs.net**



QR code for Spinal Injection  
Patient Information.

**Scan me**

Buckinghamshire Healthcare NHS Trust.

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