



Knysna Specialist Anaesthesiologists

www.knysnaanaesthetists.co.za

Cortisone Epidural Information Sheet

Please read this information carefully before coming for your epidural. Please sign and bring this form with you.

An epidural is a procedure where medication is injected into the epidural space, which is a space in your back just outside the spinal canal. This is usually performed in the lumbar region of your back.

The reason this procedure is performed is to help alleviate back pain, and also pain that radiates down the legs (if caused by compression of the nerves originating in your back).

Depending on what exactly is causing your pain, the epidural might or might not help you. Generally speaking, you will have a 50% chance of getting pain relief from an epidural. If your pain is due to a rigid bone-on-bone/fibrosis problem, you are unlikely to get relief from a Cortisone Epidural. However, if your pain is due to soft tissue inflammation, or a bulge of a herniated disc, then the cortisone epidural is more likely to be of benefit.

The medication that will be used are a Local Anaesthetic (either Lignocaine or Bupivacaine), and Cortisone, tradename Depo-Medrol. The Local Anaesthetic might result in immediate relief of your pain, but this may only last for up to 6 hours. The Cortisone will only come into effect 48 hours after the epidural.

Thus – you will only know 2-5 days after the epidural has been performed whether this procedure is having a positive effect in alleviating your pain. You will need to follow up with your Orthopaedic Surgeon within 10 days after the epidural.

YOU NEED TO BE STARVED FOR 6 HOURS BEFORE YOUR EPIDURAL.

You may however drink clear fluids (water, black tea or clear apple juice) up to 2 hours before you report to the hospital.

After your epidural you will spend about 4-6 hours in the ward, until the ward sister is satisfied that you meet discharge criteria. You may be seen by a physiotherapist during this time. You will not be allowed to drive, operate dangerous machinery or make important decisions for 24 hours. Please ensure that you have arranged for a lift home.

Complications of Epidurals

Epidural injections are safe and very effective in controlling pain. They are administered by a Specialist Anaesthesiologist who will also explain the technique to you. Please ask the Anaesthesiologist during the pre-operative visit to clarify any uncertainty you may have.

Anaesthesiologists exercise extreme care in administering epidural injections but, as with any medical procedure, complications can occur. The following complications are possible:

Common complications:

1. **Cardiovascular:** Your blood pressure may drop and you may feel lightheaded or dizzy. It is easy to treat this quickly and effectively.
2. **Nausea:** This is also easily treated.
3. **Shivering**
4. **Difficulty in passing urine:** Patients who have had an epidural are not permitted to leave the hospital before they are able to pass urine.

Rare complications:

1. **Failed block:** In rare cases the epidural injection may give unsatisfactory pain relief.
2. **Headache:** In some cases the outer covering of the spinal cord is inadvertently punctured and spinal fluid can leak through the defect caused. This can lead to headache which can respond to bed rest for a few days. If this is not effective a sample of your own blood can be withdrawn and injected aseptically into the space around the spinal cord to stop the leak.
3. **Backache:** You may suffer superficial pain of variable duration at the injection site.
4. **Prolonged or dense block:** We strive to give the minimum amount of medication needed to provide satisfactory analgesia without interfering with limb movement. However, sometimes an epidural can have a prolonged or even a temporary paralyzing effect.

Very rare complications:

1. **Haematoma(bleeding):** Small blood vessels can be damaged during insertion of the epidural needle. In rare cases this can cause continuous internal bleeding. The resultant pressure on the spinal cord can lead to neurological damage and paralysis if not diagnosed and treated timeously. This treatment involves urgent surgical drainage of the haematoma. **It is important that your Anaesthesiologist is made aware of any MEDICATION, including herbal products, that you are taking that may INTERFERE WITH BLOOD CLOTTING and thus may increase the risk of a spinal haematoma forming.**
2. **Spinal block/high block:** In the unlikely event of the injected local anaesthetic entering the spinal fluid a very dense block that temporarily paralyzes the arms/legs and the muscles of breathing can occur.
3. **Sepsis:** In spite of the strict aseptic techniques used, superficial skin infections or even an abscess close to the spinal cord are possible.
4. **Neurological damage:** This can occur during insertion of the epidural needle or catheter. Any undue discomfort during the procedure must be communicated to the anaesthesiologist immediately.
5. A few other extremely rare complications have also been documented.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anaesthesia service and that I have had ample time to ask questions and to consider my decision. I hereby consent to having an epidural injection performed on me/ my dependent.

Patient sticker
Name:
ID no:
Postal address:
Email address:

Signature (patient/
guardian/custodian): _____

Place: _____

Date: _____