

What is a caudal epidural steroid injection?

Caudal epidural steroid treatment is when a corticosteroid drug is injected into the epidural space (in your back), usually as a treatment for nerve root pain (sciatica) or back pain. The injection is given lower down on your back, through an opening in the sacral bone (caudal epidural).

Caudal epidurals are usually carried out under sedation (when you are asleep). Occasionally it is done only under local anaesthetic if you have other medical problems that preclude sedation. The skin is cleaned with antiseptic and the bottom opening into the spine (opening in the sacral bone) is injected with the therapeutic mix of drugs.

About the drug used

The cortisone drug used is called *methyl prednisolone (Depomedrone)*. It has been used for many years in this country and its use is endorsed by the Pain Society. However, like many drugs used in hospital, it is not actually licensed for injection into the epidural space. If you would like to know more about the use of unlicensed medicines, please ask your doctor. Being a "depo" preparation means that it continues to work over a long duration after being injected.

After the epidural

As well as the steroid solution, a local anaesthetic will be injected into the epidural space. This may cause some heaviness and numbness in your legs and body for a few hours after the injection. You will be able to leave hospital once you have recovered well enough to walk safely and to pass urine.

You should not drive until the next day or until 24 hours later, if you have had sedation. Please ensure you have a responsible person accompanying you on leaving the hospital and at home for the first night.

Side effects and complications

As with all medical procedures, there are potential side effects, which are listed below. However, reports on thousands of patients show that epidural steroid injections are straightforward and safe.

- Worsening of back and leg pain may occur for a short time.

- Occasionally (in less than 1% patients having an epidural), you may experience a severe headache if the epidural needle goes slightly too far and punctures a sac containing spinal fluid. This is known as a 'dural tap'. If the headache continues despite the use of simple painkillers, the doctors may then perform what is known as 'an epidural blood patch'. This involves injecting a small amount of your own blood into the epidural space to plug the hole in the epidural lining. This is immediately effective in most cases.
- The epidural can affect the nerves that supply your bladder. This can lead to difficulty in passing urine (known as retention). Your bladder function will return to normal after a few hours when the local anaesthetic solution in the epidural space wears off.
- The local anaesthetic can affect the nerves going to the blood vessels so your blood pressure may drop. This is easily treatable with intravenous fluid or drugs.
- Diabetic patients commonly need an increase in their insulin requirements for several days after the injection. Your diabetes clinical nurse specialist can advise you on this.
- Convulsions (fits), breathing difficulty and temporary nerve damage have all been reported after epidurals but are very rare (about 1 in 10,000 cases). Permanent nerve damage, epidural abscess, epidural haematoma (blood clot) and cardiac arrest have also been reported, but are very rare indeed (about 1 in 100,000 cases).

If there is anything you do not understand or if you have any questions or concerns, please feel free to discuss them with your doctor or nurse.

This document can be made available in other languages and formats upon request.

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