



SPORTS SURGERY CLINIC

*Specialists in Joint Replacement, Spinal Surgery,
Orthopaedics and Sport Injuries*

Caudal Epidural Injections



Information for Patients



www.sportssurgeryclinic.com

What is a Caudal Epidural Injection?

You may have been referred by your Consultant for a Caudal Epidural to relieve symptoms of lower back, buttock, and/or leg pain as a result of injury, inflammation of the nerves, or compression of the nerves from a bulging disc. The site of injection is at the bottom of the spine (the tail bone) into the epidural space. The epidural space is located around the outer covering of the spinal cord and the nerve roots which exit the spine. The local anaesthetic acts on the nerves and may temporarily block their function and cause short term relief from pain. The steroid decreases inflammation and improves the chances of long term relief from the injection.

Is there any necessary preparation?

Medications: It is important to make us aware of any medications you may be taking before coming in for the injection, e.g. any blood thinners such as Aspirin, Warfarin, or Plavix. We will advise you if you need to cease any medications at the time of making the appointment.

What to bring: All insurance details are required on the day of your procedure as on arrival, you will be requested to fill in the appropriate insurance forms. Depending on policy type, there may be a shortfall or excess to pay on the day.

Any relevant scans should be brought for the procedure.

What to tell us: It is important to make us aware of any allergies you may have.

Women of childbearing age must inform us of any chance of pregnancy or if currently breastfeeding.

What to wear: You may wear anything you feel most comfortable in. You may be asked to remove items of clothing and put on a gown provided.

You may eat as normal, however, please do not eat a heavy meal before the procedure.

What to expect during the procedure

The radiologist will provide each patient with a detailed explanation of what will happen and an informed consent will be signed only after it is agreed that you understand and are happy with the examination.

The radiologist will use the fluoroscopy (X-Ray) machine to find the area of interest to be injected.

A local anaesthetic will be injected under the skin between the upper buttocks to minimize the pain of the injection.

A small amount of contrast (X-Ray dye) will be injected into the epidural space to confirm the correct position of the needle.

A high volume injection of steroid medication, which is related to Cortisone, and a long acting local anaesthetic will follow. There is also some normal saline (Sodium Chloride) in the mixture. This high volume is used to bathe the lower lumbar and sacral nerves with the medication. It is injected in small amounts at a time, and the Radiologist will give small breaks in between, depending on how you are getting on.

You may feel a bit of pressure going down the legs or in the lower back. This should all ease off when the Radiologist stops injecting the steroid medication.

Aftercare instructions

It is not unusual to feel some discomfort or pain. This may take up to 48 hours to pass. Should you experience discomfort you may take any pain-killer or anti-inflammatory medication following your doctor or pharmacists instructions. It may take up to 10 days before you start to notice real relief from the injection.

Travelling: It is advisable to have somebody to drive you home. The local anaesthetic may cause you to feel a residual numbness. You should not drive for the remainder of the day.

Activity: Instruction should be sought from the referring doctor as to what level of activity can begin post injection.

Complications/risks: This procedure is well-established and safe when performed in a controlled setting. However, with any interventional procedure there are risks, side effects and a possibility of complications. Complications include haematoma at the site of injection, worsening of symptoms, bleeding, sleep disturbance, flushing, transient increase in blood sugars in patients with diabetes and infection.

Signs of infection include sweats, shakes and fever with possible redness and heat at the injection site and worsening of symptoms. Infection is rare, occurring in approximately 1 in 10,000 cases but can be serious and will require intense antibiotic treatment.

The local anaesthetic occasionally causes numbness or slightly diminished power in the buttocks and legs for a short period. Occasionally you may feel faint following the procedure which is easily remedied by lying down.

Headache following the procedure occurs infrequently (approx 1 in 500). This is best treated by staying well hydrated. Rarely is any further action necessary.

Should you develop symptoms which you are concerned about or you experience severe pain following an injection, please do not hesitate to contact us.



SSC Contact Details:

To ensure we deal with your query as quickly as possible please use the following numbers:

Monday to Sunday 8am to 10pm - Diagnostic Imaging:

+353 1 526 2060

All other times In patient Ward: +353 1 526 2083