

Selective Nerve Root & Epidural Spinal Injections



What is a Selective Nerve Root Injection?

We have 24 levels of vertebrae in our spine: 7 cervical (neck), 12 thoracic (mid-back), 5 lumbar (low back). At each vertebral level, nerves exit from the spinal cord on the right and left sides. These are called nerve roots. These nerve roots form nerves that travel throughout our arms, chest wall and legs. These nerves become painful due to irritation and inflammation at the nerve root. These nerve roots become irritated and inflamed due to stenosis (narrowing) at the opening where the nerve root exits the spinal cord. A selective nerve root injection is an injection of a steroid medication and a local anesthetic medication near the irritated nerve root. This combination of medications work to decrease the inflammation in the nerve root to relieve pain.

What is an Epidural Injection?

An epidural injection is the delivery of a local anesthetic and steroid medication

into the space outside of the sac of fluid around your spinal cord. This area is called the epidural space. This combination of medications work to decrease the inflammation in the nerve root to relieve pain. When the irritated nerve root cannot be specifically identified, an epidural injection can provide a more broad area of pain relief than the selective nerve root injection.

How and where are these injections performed?

These injections are performed in our office in a procedure room which is equipped with a fluoroscopy machine. This machine provides real-time x-ray images allowing the physician accurate placement of the needle for the injection. Your blood pressure will be taken prior to the injection. The procedure requires that you lie face-down on the injection table. Your skin will be cleansed with a betadine solution at the injection site. Please inform the staff if you are allergic to betadine. Just prior to injecting the pain medication, and through the same needle, the physician will inject a small amount of contrast dye to allow him to see the nerve root better. It is important that you notify our staff if you have an allergy to injectable contrast dye.

After the injection, band aids will be placed over the injection site(s) and you will be wheeled into the recovery area where your blood pressure will be taken and you will be provided with a snack and drink. The nurse will review your discharge instructions with you and you will be transported to your vehicle in a wheel-chair. Use extreme caution when standing/walking for the first 12 hours after the injection as you may experience numbness in your legs. You may resume normal activities the following day.

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What do I need to do prior to having this injection?

There are several medications that increase bleeding which will need to be stopped temporarily before the injection:

The following medications need to be stopped 5 days prior to the injection:

- Aspirin
- BC packets
- Vitamin E
- Fish Oil/Omega3
- Lovaza
- Celebrex (celecoxib)
- Plaquenil (hydroxychloroquine)
- Relafen (nabumetone)
- Lodine (etodolac)
- Motrin (ibuprofen)
- Daypro (oxaprozin)
- Mobic (meloxicam)
- Aleve/Naprosyn/Anaprox (naproxen)
- Disalcid (salsalate)
- Feldene (piroxicam)
- Arthrotec/Voltaren/Cataflam (diclofenac)
- Toradol (ketorolac)
- Vimovo

The following medications need to be stopped prior to your injection only with the approval of the physician who is prescribing this medication:

5 days	Plavix (clopidogrel)
5 days	Coumadin (warfarin)
3 days	Pradaxa (dabigatran)
3 days	Eliquis (apixaban)
3 days	Xarelto (rivaroxaban)
5 days	Pletal (cilostazol)
5 days	Persantine (dipyridamole)
5 days	Ticlid (ticlopidine)
5 days	Aggrenox (aspirin ER)
5 days	Lovenox (enoxaparin)
5 days	Arixtra (fondaparinux)
5 days	Effient (prasugrel)

If your physician will not let you stop any of these medications, you need to inform our office.

If you are diabetic and take Glucophage or Metformin, do not take these medications the day of the injection.

Please do not stop taking all other prescription medications.

You may not have anything to eat 4 hours prior to the

injection. You may have clear liquids up to 2 hours prior to the injection. We will fax a prescription to your pharmacy for a sedative. Please take this tablet of medication 1 hour before your scheduled injection time. This will help to relax you and allow you to be still during the injection. You will need a driver to and from our office on the day of the injection and the driver must remain at our office while you are here. Arrive to our office thirty minutes prior to your scheduled injection. Please be aware that vehicles that are high off the ground are difficult for patients to get into after the injection due to possible weakness in their legs.

When will the injection take effect?

Pain may increase in the first day or two following the injection. If this occurs, apply ice to the injection site(s) intermittently. Please avoid the use of heat at the injection site(s). It may take 14 days for the injection to have its full effect. Please be sure to schedule a follow-up appointment with your physician 3 weeks after the injection to discuss its effectiveness.

What are the possible risks?

These injections have been utilized for decades with remarkably low complications when performed correctly. However, there exists rare but serious complications and the FDA has recently offered warnings and cautions regarding these medications and procedures. It is important to note that OAM does not use a compounding pharmacy and uses only medications that are produced by FDA approved pharmaceutical companies with appropriate monitoring programs to ensure the highest quality product.

Complications and risks associated with these procedures include:

- Infection
- Nerve damage
- Bleeding
- Allergic reaction to the medications
- Flushing of the face and chest that can last several days and can be accompanied by a feeling of warmth
- Increased blood sugar levels
- Dural tear and paralysis