



Nerve Root Steroid Injections

Patient Information

1. Why am I having the procedure?

Your doctor has recommended a selected nerve root steroid injection as part of the conservative management of your sciatic pain. There is evidence to suggest that it can improve the pain in 70% of cases of acute sciatica, provided that the injection is performed at the level that correlates with the sciatic pain. The most common cause of acute sciatic pain is an inflammatory response to nerve root irritation. This irritation is most commonly caused by either a prolapsed disc or by trapping of the nerve as it passes through one of the bony canals in the spinal column on its way to the lower limb. Steroids are anti-inflammatory medications. It is thought that they act to decrease this inflammatory response, thus decreasing the pain.

2. How do I prepare for the procedure?

You do not need to stop any of your medication. On the day you need to bring a list of all the medications that you normally take and any x-rays that you have. Plus your Medicare card and any concession cards that you may have. You must make arrangements for someone to take you home because it is unsafe to drive home after the procedure.

3. What does the procedure involve?

You will be placed on the CT table and your back cleaned and covered with sterile sheets. The Radiologist will insert a small amount of local anaesthetic. A fine needle will be inserted at the appropriate level adjacent to the nerve root as it exits the spinal column via bony canals. When the needle is positioned at this point, patients usually report reproduction of their sciatic pain. A solution is then injected, containing the steroid medication with a local anaesthetic. The procedure is brief and not usually uncomfortable.



4 What happens after the procedure?

There is a short period of rest of approximately 30 minutes after the procedure, after which, you can usually go home. It is advisable that you have someone to drive you home.

5. What are the risks of the procedure?

Common:

- Backache. This is usually mild and transient, occurring in only a small number of cases. A small number of patients may also have a component of muscle spasm, in addition to their nerve root pain, which can be worsened by the passage of the needle through the muscle.
- Increase in sciatic pain. Similarly, this is usually mild and transient, occurring in only a small number of cases. It is thought to be a "pressure effect" from injecting a volume of solution into the nerve root.

Rare:

- Nerve injury. At the level that the needle is inserted, there is no risk of direct injury to the spinal cord. However, in 1 in 20,000 cases, the nerve itself can be transiently or permanently damaged by the needle.
- Bleeding. Veins close to the nerve root could be damaged by the needle, causing a collection of blood to form surrounding the nerve root. This collection could cause pressure on nerve, requiring an operation. The risk is 1 in 50,000 cases.
- Infection. The needle can introduce organisms that can lead to infection. The risk is 1 in 50,000 cases.
- Allergic reactions. In 1 in 10,000 cases, there can be allergic reactions to contrast material and medications given.