

I have received my information packet for the procedure scheduled with Dr. Bernaiche
labeled LUMBAR EPIDURAL STEROID INJECTION.

Contents:

1. General information sheet.
2. Medication list of general blood thinning (anticoagulant) medications.
5 Total Pages

Name: _____

Date: _____



General Information Sheet

LUMBAR EPIDURAL INJECTION AS SCHEDULED WITH DR. BERNAICHE

What is it?

A block/injection that is performed under fluoroscopy to confirm a specific diagnosis and/or decrease pain and inflammation.

What is the epidural space?

A membrane that covers the spinal cord and nerve roots in the spine is called the dural membrane. The space surrounding the dura is the epidural space. Nerves travel through the epidural space to the neck and into the arms or the back and legs. Inflammation of these nerve roots may cause pain in these regions due to irritation from a damaged disc or from contact in some way with the bony structure of the spine.

What is an epidural and why is it helpful?

An epidural injection places anti-inflammatory medicine into the epidural space to decrease inflammation of the nerve roots, with the goal of reducing the pain in the neck or arms (or back and legs). The epidural injection may help the injury to heal by reducing inflammation. It may provide permanent relief or provide a period of temporary pain relief for a variable number of days to several months while the injury/cause of pain is healing.

What happens during the procedure?

The patient is placed lying on their stomach on the x-ray table and positioned in such a way that the physician can best visualize the upper back and neck (or low back) using x-ray guidance. The skin is scrubbed using 2 types of sterile scrub (soap). Next, the physician numbs a small area of skin with numbing medicine. After the numbing medicine has been given time to be effective, the physician directs a small needle, using x-ray guidance into the epidural space. A small amount of contrast (dye) is injected to insure the needle is properly positioned in the epidural space. A mixture of numbing medicine (anesthetic) and anti-inflammatory (cortisone/steroid) is injected.

How long does it take?

The actual procedure takes only a few minutes (5 to 10 mins).

What happens after the procedure?

Patients are then returned to the recovery area where they are monitored for a period of time until they reach their baseline neurologic status, in general this will be only a few minutes. Patients are then asked to record the relief they experience during the next week on a post injection evaluation sheet (“pain diary”). This will be given to the patient when they are discharged home. A follow-up appointment will be made for a repeat block if indicated. The neck, arms, back or legs may feel weak or numb for a few hours. This is to be expected, however it does not always happen.

General Pre/Post Instructions

Patients can eat a light meal no sooner than 4 hours before the procedure. No drinking of fluids 2 hours before the procedure. If a patient is an insulin dependent diabetic, they must not change their normal eating pattern prior to the procedure (however they should tell the nurse and doctor so). Patients may take their routine medications. (i.e. high blood pressure and diabetic medications).

Patients should not take pain medications or anti-inflammatory medications the day of their procedure. Patients have to be able to tell the difference between the injection effect or the effect of the pain medicine and thus should have some of their usual pain symptoms prior to this procedure. They may not take medications that may give pain relief or lessen their usual pain. These medicines can be restarted after the procedure if they are needed.

If a patient is on Coumadin (blood thinner) or Glucophage (a diabetic medicine) they must notify the office so the timing of these medications can be explained.

Generally all blood thinners (see list) are STOPPED 5-7 days before the injection.

Complications

Complications are rare but may include headaches, infections, blood pressure changes, bleeding, and discomfort at needle insertion site. Use of steroids rarely causes an increase in blood sugar and blood pressure, as well as swelling. The major complication, that being damage to a nerve root is very rare. However, using a blunt needle may even more reduce the risk of this complication.

-Maurice Bernaiche, DO

“BLOOD THINNERS”

Medications that are considered blood thinner, these should be stopped one week before your injection, as requested by Dr. Bernaiche

Advil	ibuprofen
Advil Migraine	ibuprofen
Aleve	naproxin
Ansaid	flubiprofen
Athtotec	diclofenac
Azulfidine	sulfasalazine
Aspirin	aspirin
Aggrenox	dipyridomole aspirin
Angiomax	bivalirudin
Agrylin	anagrelide
Arixta	fondaparinux
Anaprox	naproxin
Celebrex	celecoxib
Combinox	oxycodone ibuprofen
Coumadin	warfarin
Daypro	oxaprozin
Disalisid	salsalate
Dolobid	diflunisal
Ecotrin	aspirin
Feldene	sulindac
Excedrin Migraine	acetominphen aspirin
Fiorinal	codeine aspirin
Fragmin	dalteparin
Heparin	heparin
Indomethacin	indomethacin
Integrelin	eptifibatide
Ketoralac	ketorolac
Lovenox	enoxaparin

Lodine	etodolac
Motrin IB	ibuprofen
Motrin	ibuprofen
Mobic	meloxicam
Naprelan	naproxen
Naprosyn	naproxen
Nuprin	ibuprofen
Oruvail	ketoprofen
Prevacid Naprapac	lansoprazole naproxen
Percodan	oxycodone aspirin
Plavix	clopidogrel
Pletal	cilostazol
Persantine	dipyridomole
Relafen	nabumatome
Refludan	lepirudin
Toradol	ketorolac
Tolmetin	tolmetin
Ticlid	ticlopidine
Trental	pentoxifylline
Trisilate	choline magnesium trisalicylate
Voltaren	diclofenac
Vicoprofen	hydrocodone ibuprofen
Vitamin E	vitamin E
Warfarin	warfarin