

A Guide to Spinal Injections

This guide answers commonly asked questions about spinal injections to help you prepare for your upcoming procedure.



Q What is a spinal injection?

Spinal injections can also be referred to as “blocks,” and are used either for diagnosing or treating various spinal problems.

Q Why am I getting a spinal injection?

Your office consultation, along with your health history, physical exam results, MRI or CT scans, or EMG studies, will help us know if a spinal injection may be useful in your situation. We consider all this background information before recommending the type and location of an injection.

Q Can all spine problems be treated with injection procedures?

No. While many patients benefit greatly from spinal injections, no singular solution is appropriate for everyone. It’s possible that your condition is better relieved by surgery instead. In this case, we’ll schedule you for a consultation with one of our spine surgeons. If a spinal injection seems unlikely to benefit you, we won’t recommend it.

How are injections classified?

All spinal injections fall into one of two categories:

Diagnostic blocks - used for testing

Therapeutic injection - used for treatment

Diagnostic blocks contain a contrast agent and local anesthetic to help us locate exactly where your pain is coming from. Diagnostic blocks are useful if we're unable to identify your pain source even after reviewing your history, physical examination, and imaging studies. To offer useful information, the block must be performed at a time when your experiencing your typical discomfort. For this reason, it's important to stop taking pain medications approximately 12-24 hours before the block.



If you are pain-free on the day of your scheduled diagnostic block, please call to reschedule. We'll be as flexible as possible to get you rescheduled when your typical pain returns.

During the block procedure, we'll place a local anesthetic in the area most likely causing your pain. For the next six hours, you'll rate your pain on a scale of 1-10, with 10 being the worst. During this time, we encourage you to do activities that usually cause you pain and discomfort. We'll call you the next day to go over your results.

It's important to remember the diagnostic blocks are tests and aren't intended to cure your pain long-term. Once the local anesthetic has worn off (usually about 4-6 hours), your typical symptoms will return. Multiple diagnostic injections may be needed to locate the source of your symptoms. If you have a positive response, meaning your pre-injection pain was at least 80% relieved by the block, we will likely recommend a radio frequency ablation.


Therapeutic injections differ from diagnostic blocks because a corticosteroid is also administered with the contrast agent and local anesthetic. In a therapeutic injection, we'll place a small amount of corticosteroid specifically at the site of the suspected problem. The purpose of the corticosteroid is to reduce local swelling, inflammation, and pain.



What medications may be given during a spine injection procedure?


Any of the following substances, or a combination, are used during an injection:

1. A local anesthetic to numb the skin and underlying pain source before an injection
2. A contrast agent or dye to outline the target structure before administering medication
3. A corticosteroid to reduce the inflammation associated with the structure causing pain

 If you are allergic to local anesthetics, contrast dye, corticosteroids, latex, or iodine, please let a member of our team know immediately.

How do you deliver the medication to the correct location?

We perform injections using state-of-the-art technology including fluoroscopy (X-ray guidance) to deliver medication precisely and safely to specific areas of your spine. Fluoroscopy allows us to see your anatomy in real-time throughout the procedure and ensures highly accurate needle placement and precise delivery of medication.

 If there is any chance of pregnancy, X-ray guidance cannot be used in your spinal procedure.

How long will my injection relief last?

Pain relief can begin anywhere from 1-2 days to up to 2 weeks after your therapeutic injection. You'll likely experience a gradual, steady reduction in pain that can often provide long-term relief and eliminate the need for surgery.

The goals of therapeutic injections are to lessen structure-specific inflammation, reduce your pain, and eliminate the need for more invasive procedures such as surgery. Therapeutic injections are often performed in conjunction with a spine-specific therapy program. Therapy is designed to improve the strength, flexibility, and endurance of the muscles that support the area, making the overall benefit last even longer.

Is the injection “masking” my symptoms or problem?

No. Therapeutic spinal injections infuse a dose of corticosteroid specifically and precisely on the target spinal structure to reduce inflammation, swelling, and pain, but only if your pain is caused by inflammation, swelling, or edema. In addition, reducing inflammation can give your body the time and space to heal structural abnormalities and conditions.

How should I prepare for my procedure?

1. You are welcome to eat and drink as normal. However, if you are diabetic, do not eat or drink 2 hours prior to the injection.
2. To make your experience go as smoothly as possible, you must bring a driver. If you can't, you will be required to stay for 30 minutes after the injection.
3. Please wear loose-fitting clothing, such as sweatpants for low-back injections and tank tops for upper-back or neck injections.
4. For neck injections please don't wear jewelry that may interfere with the X-ray, such as necklaces, medium to large earrings, rope chains, etc.
5. Alert staff before your procedure if you're taking a blood thinner, have a bleeding disorder, or are diabetic.

Q Should I continue taking my medications before my injection?

Many medications may be continued up to and on injection day. However, there are some exceptions, including anticoagulants such as Coumadin (Warfarin) which will be adjusted in cooperation with your primary care physician or cardiologist before your spinal procedure.

Q When should I arrive?

For injection procedures, please arrive 20 minutes before your appointment time.

Q How long will the procedure take?

Plan to spend about 1 hour at our office.

Q What are the possible side effects and complications of spine procedures?

The most common side effect of spinal injections is tenderness at the needle insertion site. If this happens, apply ice to the area with light pressure for 15 minutes every 3-4 hours. Sometimes an increase in nerve pain down the leg or arm can occur. This is temporary. Other possible side effects include muscle soreness or redness, lightheadedness, dizziness, fainting, headache, fever, nausea or vomiting, increased blood sugar or blood pressure, and minor allergic reactions, such as a rash. All these side effects are temporary.

As with any invasive procedure, major complications are rare but possible. These include severe allergic reactions, anaphylaxis, excessive bleeding, permanent nerve damage, permanent increased pain, dural puncture, seizure, stroke, cardiovascular collapse, and death. Under the care of experienced interventional spine specialists, these major complications are extremely rare. Your physician is open to discuss any concerns or questions you might have regarding potential complications.

Q What are the possible side effects of steroid use?

1. Facial flushing (<1 day)
2. Increased energy (1-2 days)
3. Increased appetite or thirst (1-2 days)
4. Menstrual irregularities (next cycle is early or heavy, then returns to normal)
5. Increased blood sugar (1-5 days). If you are diabetic, follow the advice of your primary care or endocrinology team in regards to hyperglycemia management and the need to seek urgent care.
6. Temporary immunosuppression (avoid sick persons as able, and avoid getting vaccinations within 2 weeks of steroid treatment)
7. Psychiatric disturbances (irritability, insomnia, flare of pre-existing psychosis)



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8. If steroids are injected very superficially under the skin (e.g. targeting tendons, bursae, nerves), they can infrequently cause a permanent reduction in skin pigmentation or a depression in the soft-tissue.

9. For those actively breastfeeding, we recommend discarding breast milk from the following 3 hours.

Other more persistent side-effects can occur with use of oral (systemic) steroids over weeks to months/years. These risks are uncommon with low-dose steroid injections, and rare with only 1-3 injections per year. However, an individual's level of risk is most dependent on the presence of pre-existing medical conditions, and the frequency, timing, and dosing of your injections. Please ensure your doctor is aware of steroid injections you are received by other providers. Your doctor can discuss your unique risks and benefits of steroid treatments.

The risks of radiation exposure related to x-ray guided spinal injections is extremely low.

4. Loss or worsening of strength in any extremity

5. Headache in the standing or sitting position that is relieved upon lying down



How often can I get an injection?

Usually, you can get a therapeutic injection every 3 months.



Who should I contact with questions before or after my procedure?

Please call our office at 970-382-9500. There is always a provider on call, even after hours.



For what reasons should I contact my physician after an injection?

1. A temperature of greater than 100°F that isn't improving
2. Loss of bowel or bladder control
3. Pain that is severe and worsening