

Transforaminal Epidural Steroid Injection



PAIN MEDICINE ASSOCIATES
your life, your health, pain free

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The Lumbar Transforaminal Epidural Steroid Injection is carried out to remove pain in the lower part of the back as well as pain radiating down the leg. Steroid medication reduces swelling and inflammation caused by spinal channel narrowing, radiculopathy, sciatica and vertebral disk protrusion. In some cases it is necessary to repeat the injection up to three times to get a maximal effect from the medication; however, most patients obtain substantial pain relief after only one or two injections.

During this Lumbar Transforaminal Epidural Steroid Injection, the patient lies face down with a soft pad under the stomach for improved comfort and to help to relax the spine. This position of the spine provides easy access to the epidural cavity. A fluoroscope helps to find the specific lumbar vertebrae and nervous routes. In the site of injection a local anesthetic is used first, which numbs all tissues up to the surface of the vertebra. Using fluoroscope the doctor introduces a thin bent needle in the foraminal space near nerve ending. Contrast substance helps to verify the correct position of the needle. Then into the foraminal epidural cavity a steroid-anesthetic mixture is introduced, which soothes the painful nerve endings. After the needle is removed a small band-aid covers the injection site.

Lumbar Transforaminal Epidural Steroid Injection Side Effects:

Possible side-effects are comparable with side-effects of a simple injection: patient may have allergic reactions, bacterial infection or bleeding, which occurs rarely. Steroid side-effects: swelling of the face, arms and legs, diabetics may have their blood sugar level raised.

It is obligatory to inform your physician about pregnancy or the use of blood thinning medications.

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DISCLAIMER: INFORMATION PROVIDED IN THIS SHEET IS GENERAL IN CONTENT AND SHOULD NOT BE SEEN AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. CONCERNS OVER MEDICAL CONDITIONS SHOULD BE DISCUSSED WITH YOUR PRIMARY CARE PHYSICIAN OR PAIN CARE SPECIALIST.