



Comprehensive Pain Physicians

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Lumbosacral Selective Epidural Injection (Transforaminal Epidural or Selective Nerve Root Block)

What is the epidural space and why is a selective epidural helpful? The membrane that covers the spinal cord and nerve roots in the spine is called the dura membrane. The space surrounding the dura is the epidural space. Nerves travel through the epidural space before they form the nerves that travel down the arms, along the ribs and into the legs. The nerves leave the spine from small bony openings called foramen. Inflammation of these nerve roots may cause pain in the arms, chest or legs. These nerve roots may become inflamed and painful due to irritation, for example, from a damaged disc or a bony spur.

Selective epidural injection (transforaminal epidural/selective nerve root block) places anti-inflammatory medicine over the root and into the epidural space to decrease inflammation of the nerve roots, therefore reducing the pain. It may provide permanent relief or provide a period of pain relief for several months while the injury/cause of pain is healing.

General Pre-Injection Instructions: Be sure to tell your doctor if you have an allergy, particularly to iodine. If you will be receiving sedation, you should **NOT** eat the morning of the procedure. If a patient is an insulin dependent diabetic and receiving sedation, they may need to change their morning dose of insulin to account for not eating the morning of the procedure. Patients may take their routine medications (i.e., high blood pressure and diabetic medications, e.g. Glucophage). Patients should continue to take pain medications or anti-inflammatory medications the day of their procedure. If a patient is on Coumadin or another blood thinner, they should notify the doctor so an appropriate plan can be made for stopping the medication before the procedure. **Although not mandatory, we generally recommend that a driver should accompany the patient and be responsible for getting them home.**

What happens during the procedure? An IV may or may not be started at your doctor's discretion. The patient is placed on their stomach on the procedure table and positioned in such a way that the physician can best visualize the bony openings in the spine where the nerve roots exit the spine using x-ray guidance. The skin in the appropriate area is scrubbed using antibacterial soap. Next, the physician numbs a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine has been given time to be effective, the physician directs a very small needle using x-ray guidance above the nerve root as it leaves the foramen. A small amount of contrast (dye) is injected to insure proper needle positioning. Then, a small mixture of numbing medicine (local anesthetic) and anti-inflammatory (steroid) is injected.

What happens after the procedure? There are no restrictions as to food or liquid intake or to the activity level unless specified by your doctor. A follow-up appointment will be made for a repeat block if indicated. These injections are usually done in a series of three (3), about one month apart. The back or legs may feel weak or numb for a few hours. This does not always happen, but is an expected possible temporary reaction to the procedure. Patients may return to their normal activities on the day of the procedure. **Driving is discouraged on the day of the procedure.**