

Dr. Anyl Lloyd Gopeesingh

Specialist in Sports and Exercise Medicine

M.B.B.S. MSc.SEM (Nottingham) MFSEM (UK)

Member of the American College of Sports and Exercise Medicine

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PATIENT INFORMATION SHEET

CORTICOSTEROID INJECTION: Caudal Epidural Injection

You have been advised that one such injection would be of benefit to you.

The following are perceived **advantages** of having this procedure performed:

- Reduction of pain due to anti-inflammatory properties of corticosteroids
- Allow continued rehabilitation of injured area
- Facilitate healing

The following are potential **disadvantages** of having this procedure performed

- Pain at injection site
- Risk of infection. Skin is prepared with iodine/alcohol preparations
- Bleeding at the level of the skin and intrarticular from inadvertent puncture of a blood vessel
 - Potential risk for development of a haematoma around the area injected which can lead to an abscess
- Injection into dura (outer sheath of spinal cord) can lead to arachnoiditis (clinician will minimize this process by aspirating syringe prior to injection to ensure no cerebrospinal fluid is withdrawn)
- Injection through dural sheath can lead to leakage of Cerebrospinal fluid and lead to headaches
- Complications from the steroid itself e.g. facial flushing, Skin pigment changes, increase in appetite, mood changes.
- Complication from anaesthesia which can lead to prolonged numbness of legs (temporary- 4-6 hours)

PROCEDURE

You will be asked to lie face down and a pillow will be placed under your hips

Bony landmarks would be identified as well as the joint entrance point for the injection.

Ultrasound imaging may be used to confirm injection point.

The skin would then be cleaned with a combination of iodine and alcohol. (If you have any known allergies to iodine please inform your clinician).

1-3 mls of local anaesthetic would be injected into the skin to minimize discomfort from the corticosteroid injection

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The injection would then be introduced into the joint. This will normally take a few seconds. You may feel a small pressure as fluid (corticosteroid and anaesthetic) is introduced into the joint.

You may feel some heaviness in the buttock and groin regions

Following the injection the needle would be withdrawn, firm pressure would be applied to the injection site, and a dry dressing would be applied at the injection site

You will then be asked to lie for ten minutes

Neurological examinations will be performed during this procedure

POST INJECTION ADVICE

You are advised against any intense physical activity for 48 hours to facilitate re-activation of the sensory receptors. Normal activities of daily are allowed but caution is advised against any heavy lifting,

If you have any fever, swelling of the joint, local redness of the joint within the first 72 hours please contact me.

You will be contacted in 48 hours and a formal review will be scheduled in 1 week

Dosage of Traimcyclone (corticosteroid):

Dosage of Local anaesthetic (2% lidocaine) :

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