

Thoracic Interlaminar Epidural

A thoracic interlaminar epidural is a steroid injection into the space between the outer surface of the dural sac and the bones of the vertebral column. An epidural steroid injection refers to the injection of a corticosteroid into the epidural space of the vertebral column in order to treat pain.

Conditions treated

You may benefit from a thoracic interlaminar epidural if you suffer from:

- Degenerative disc disease (DDD)
- Fracture
- Sciatica
- Spinal stenosis
- Thoracic radiculopathy
- Bulging/herniated disc
- Pain from shingles

Duration

Less than 30 minutes

How is it performed?

Prior to the steroid injection, you will be lying on your stomach. The site of the injection will be cleaned, and your physician will administer a dose of local anesthetic to numb the area. Under the guidance of fluoroscopic x-ray, your physician will insert the needle into the epidural space. Once assured the needle is in the correct place, the steroid solution will be injected. Your vital signs will be monitored for the duration of the procedure.

Prior to your procedure

You should continue taking all medications except blood thinners before the procedure. Please see your medication handout to know when to hold and resume these medications.

What are some of the risks and side effects?

This procedure is a relatively safe, non-surgical treatment, with minimal risks of complications. Some of the most common or possible side effects are:

- The most common side effect is a temporary increase in pain. It occurs in about 1% of epidural steroid injections and appears to be related to the volume of fluid injected into the epidural space.
- Muscle cramping, nausea, flushing, hot flashes and generalized headache can also occur as a side effect of the steroid.
- Positional headache, another complication with an incidence of 1%, may be related to the accidental puncture of the innermost membrane, which surrounds the spinal cord. The headache is caused either by leakage of the fluid surrounding the spine, or as a result of an accidental injection of air into the spinal fluid. In most cases, the headache subsides within a few hours, but sometimes it can persist for a day, rarely longer. In such rare cases, it may be necessary to repeat the epidural procedure, this time injecting some of the patient's own

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blood, taken from a vein in the arm, which forms a small clot to allow any puncture of the membranes to heal.

- As with any injection through the skin, it is possible for bacteria to gain entry, causing an infection. The risk of this with an epidural injection is very small. Bleeding is also a risk of this procedure, which is why you are counseled to stop taking aspirin products, anti-inflammatory products and blood thinners.
- Sometimes a patient's blood pressure will fall at the time of the injection. If so, your doctor may use an IV to stabilize the blood pressure using fluids and/or medication if necessary.
- There is a rare risk of weakness in the legs and inability to walk or urinate. This is more common if you have had a back surgery. This typically lasts 3-6 hours and then will improve.
- Pneumothorax or collapsed lung.

What to expect after the procedure

You may feel brief pins and needles and/or pressure in the legs from the injection. As the numbing medication wears off over the first couple days, you may experience an increase in pain. Once the steroid begins to work, you should experience pain relief.

Ice is typically more helpful than heat during the first few days after the injection.

You should not drive or engage in physical activity for 24 hours following the procedure. Slowly ease back into exercise routines over a period of one-two weeks.

You should resume medications (except blood thinners) and regular eating habits immediately. Please see your medication handout to know when to resume blood thinners.

You should call your doctor if you experience a fever over 101 within 72 hours of the procedure.

