

Thoracic Transforaminal Epidural

Transforaminal epidurals are a type of selective nerve root block (SNRB), and are primarily used to diagnose the particular source of back/leg pain as well as reduce inflammation and pain.

Conditions treated

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

- Herniated disc
- Spinal stenosis
- Shingles
- Thoracic radiculopathy

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 cleansed, 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 proper location. 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 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

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procedure, which is why you are counseled to stop taking aspirin products, anti-inflammatory products and blood thinners.

- There is a risk of weakness in the lower extremities.
- Pneumothorax, or collapsed lung.
- Technically, SNRB injections are more difficult to perform than interlaminar epidural steroid injections and should be performed by experienced physicians. Since the injection is outside the spine, there is a very low risk of a wet tap (cerebrospinal fluid leak). However, since the injection is right next to the nerve root and blood vessels, sometimes an SNRB will temporarily worsen the patient's leg/chest pain and/or cause weakness, numbness and/ or paralysis that may be permanent.

What to expect after the procedure

You may feel brief pins and needles and/or pressure in the legs or around your side after 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.

You may resume medications (except blood thinners) and regular eating habits immediately.

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

