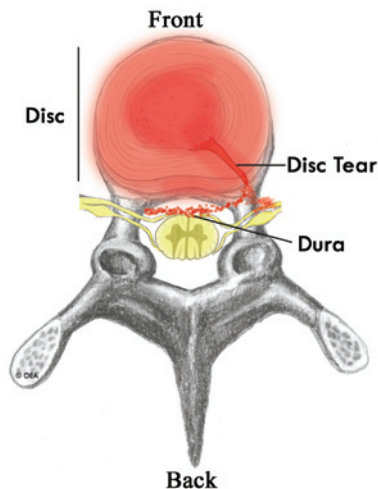
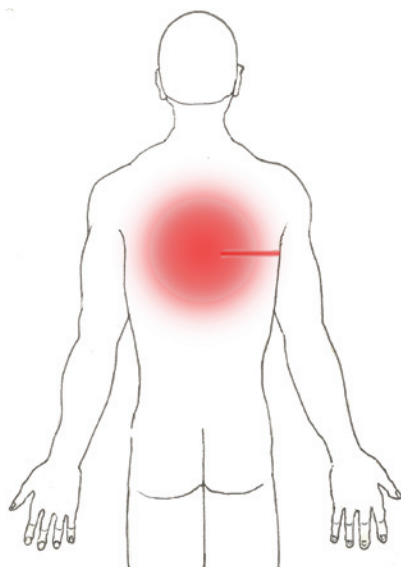
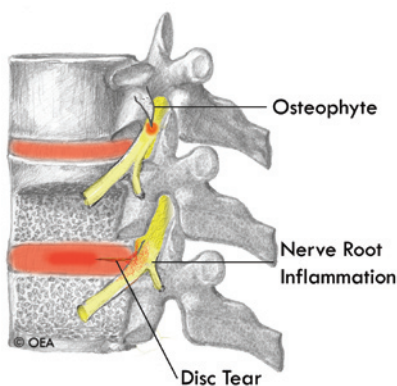


THORACIC INTERLAMINAR EPIDURAL STEROID INJECTION

For Upper & Middle Back Pain



Side View



A thoracic interlaminar epidural corticosteroid injection is an outpatient procedure for treating upper and middle back pain. This information sheet will explain what it is. Your doctor can explain if it is for you.

What is the epidural space?

The dura is a protective covering of the spinal cord and its nerves. The space surrounding the dura is called the epidural space. In the upper back it is called the thoracic epidural space.

What causes pain in the epidural space?

The thoracic area of the spine has twelve bones, called vertebrae. Soft discs found between them cushion them, hold them together, and control motion.

If a disc tears, chemicals inside may leak out. This can inflame the dura or nerve roots and cause pain.

A large disc tear may cause a disc to bulge, inflaming the dura and nerve roots, and cause pain. Bone spurs, called osteophytes, can also press against nerve roots and cause pain.

How do I know if I have disc and nerve root pain?

If you have pain in your upper back when you move, you may have thoracic disc or dural inflammation. If pain travels to the front of your chest and is worse when you move your upper back, you may have nerve root inflammation.

Common tests such as MRIs can show disc bulges and nerve root compression, but may not always show a torn and leaking disc. A thoracic epidural injection can help find out if disc, dural, or nerve root inflammation is causing your pain.

What is a thoracic interlaminar epidural corticosteroid injection?

In a thoracic epidural injection a local anesthetic (numbing medicine) and a corticosteroid (healing medicine) are injected into the epidural space to reduce inflammation. The simplest way is from the back of the spine. This is called an interlaminar injection.

What happens during an injection?

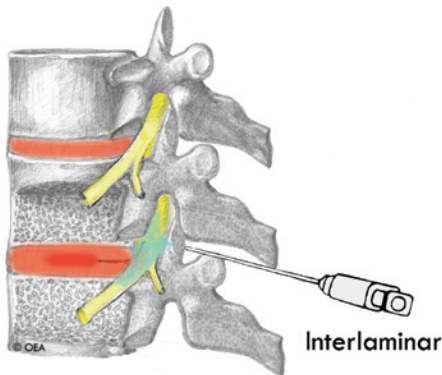
The injection may start with an IV (medicine given intravenously) to help you relax. A local anesthetic will be used to numb your skin.

The doctor will then insert a thin needle directly into the epidural space. Fluoroscopy, a type of x-ray, may be used to ensure the safe and proper position of the needle. A dye may also be injected to make sure the needle is at the correct spot.

Once the doctor is sure the needle is correctly placed, a local anesthetic (numbing medicine) and corticosteroid (healing medicine) will be injected.

For Upper & Mid Back Pain

Side View



What happens after an injection?

You will be monitored for at least 30 minutes after the injection. When you are ready to leave, the clinic will give you discharge instructions. Keeping track of your pain helps your doctor know what the next steps are for your care.

It may help to move your neck in ways that hurt before the injection, to see if the pain is still there, but do not overdo it. Take it easy for the rest of the day.

You may feel immediate pain relief and numbness in your neck and arm for up to six hours after the injection. Your pain may return after this short pain-free period, or may even be a little worse for a day or two. This is normal. It may be caused by needle irritation or by the corticosteroid itself. Corticosteroids usually take one or two days to start working, but can take as long as a week. Pain relief usually follows this period.

You can usually return to work the day after the injection, but always check with your doctor.

How long can I expect pain relief?

How long you can expect pain relief depends on the amount of inflammation. Sometimes an injection or series of injections bring several months of pain relief, and then further treatment is needed. Other times, a series of injections bring long-term pain relief. If your pain is caused by injury to more than one area, only some of your symptoms will be helped by these injections.

This pamphlet is for general education only. Specific questions or concerns should always be directed to your doctor. Your doctor can explain possible risks or side effects.



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