

Caudal epidural injection

What is?

A Caudal epidural is an injection at the base (Lower end) of the spine.

Why would I need this procedure?

Patients with symptoms of buttock pain and leg pain secondary to irritation of the nerves at the lower back may benefit from this procedure. Caudal epidural injection contains a mixture of steroid and saline. It is thought to have the following beneficial effects:

1. May increase the space around compressed/irritated nerves.
2. The steroid reduces the inflammation around the nerves at the lower back.

What are the symptoms that have led to me having this procedure?

This injection is usually given when patients present with back and leg pain or buttock pain, this is often caused by inflammation/irritation of the nerves secondary to disc protrusion or generalised wear and tear (arthritis). A caudal epidural injection may also be performed in patients who have persisting pain after spinal surgery especially leg pain.

What are the alternatives?

Your consultant or a member of their team will discuss alternative treatments with you appropriate to your condition. You can continue to take painkillers and physiotherapy without having this treatment.

How should I prepare?

It is important to try to keep active and healthy. Good nutrition and some exercise can help. There is more information at: www.cpoc.org.uk/patients and at: www.versusarthritis.org.uk on how to keep active with a back condition.

What are the potential risks and side effects?

The side effects are usually rare and self-limiting. This may include:

1. Local bruising and tenderness on your skin.
2. Decrease in blood pressure can make you light headed and unsteady on your feet.
3. It is not uncommon to experience an unusual sensation in the affected leg for up to 1 week after the epidural. You may have increased pain in your lower back this will improve over the period of a few days.
4. Headache
5. Infection, bleeding, nerve damage and damage to surrounding tissues are other extremely rare side effects.
6. The effects of the local steroids on the rest of your body are minimal by this route of administration. The side effects of steroid may occur if many injections are given frequently over a short period of time. The side effects may involve raised blood pressure, weight gain and diabetics may experience short-term problems with blood sugar level control.

The Caudal epidural injection may be repeated at the discretion of your consultant.

What are the expected benefits of treatment?

This procedure is meant to help reducing your buttock and leg pain which can co-exist with the lower back pain.

The injection helps to reduce pain, improve mobility, facilitate physiotherapy and thus improve function. By achieving a reduction in pain we hope that you will take the opportunity to regularly perform muscle strengthening exercises which is the best way to improve function over the longer term.

In some patients the injection will help reduce the number of painkillers that are required to control the pain and may improve the quality of life.

What should I do before I come into hospital?

You will be seen by the nurse after your consultation in clinic or in preoperative assessment clinic and routine swabs for MRSA will be taken at that stage.

Caudal epidural injection is performed as a day case procedure. On the day, please take all routine medication. If you are taking any medications to thin blood such as Warfarin, or you have a blood clotting disorder, please inform the preoperative assessment nurses and/or your consultant as soon as possible for further advice. Also let us know if you have any infection near the injection site. Please have a light breakfast only before your admission on the day of treatment.

Where will the procedure take place?

Shortly before the caudal epidural injection, you will see a member of the team who will confirm the procedure with you, check your clinical records and ask you to sign a consent form for the procedure if this has not been done in the clinic. You will be accompanied to the anaesthetic room where other checks will be confirmed. The procedure takes about 10 minutes. You will be asked to lie on your front on a table with your head and arms resting on a pillow. The lower back will be exposed, and the site of injection will be cleaned with antiseptics and a local anaesthetic injected into the skin will be given to help numb the area. There may be some discomfort in the back at the time of the injection. While the injection is in progress, it can be normal to feel some pressure in the lower back, heaviness and even some numbness in the legs.

Will I have an anaesthetic?

The procedure is usually performed under local anaesthesia although sedation can also be considered.

How will I feel afterwards?

After the injection you can turn over into a comfortable position, if you have difficulty moving a member of staff will be there to help you. You may sleep in any position that you find comfortable. However, do not drive, operate machinery or drink alcohol for 24 hours following your injection. It is important that you have a responsible adult to escort you home. It is recommended that you rest for the remainder of the day.

How long will I be in hospital?

The procedure is a day case, so you can go home as soon as you feel comfortable.

What should I do when I go home?

If the epidural helps to reduce the level of your pain, please remember that it is not a cure and you may still have a problem with your back. Do not rush about doing strenuous activities, but build up your activity levels slowly.

How soon will I be able to resume normal activities?

You return to normal activities the following day. There are no other restrictions following the injection. People with back problems should keep active and there is advice on how to do this at: <https://www.versusarthritis.org/about-arthritis/conditions/back-pain/>

Will I have to come back to hospital?

You will see us in the clinic in 6-8 weeks following your injection. An appointment will be made for you when you leave the hospital.

When can I return to work?

You should be able to return to work the following day after your procedure.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse, doctor or practitioner.

Reference

The following clinicians have been consulted and agreed this patient information:

Mr Guy Selmon, Consultant spine surgeon (Clinical Lead)

Matron Kim Boorman, Orthopaedic outpatient department, Conquest Hospital.

The directorate group that has agreed this patient information leaflet:

Diagnostic, Anaesthetic and Surgery

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Responsible clinician: Mr Guy Selmon

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