Epidural Steroid Injection

What it is • Benefits • Risks • How to prepare • Recovery

THE GOAL

To reduce inflammation and pain caused by an irritated spinal nerve. Relief varies: some patients improve significantly, some only temporarily, and some do not improve.

What is an epidural steroid injection?

An epidural steroid injection (ESI) places anti-inflammatory medication—usually a corticosteroid with a small amount of local anesthetic—into the epidural space around the spinal nerves. It may be performed in the neck, mid-back, low back, or tailbone area, depending on where your symptoms begin.

The procedure is performed with live X-ray guidance (fluoroscopy). Contrast dye is commonly used to confirm safe needle placement before medication is injected.

Potential benefits

- Less arm or leg pain, numbness, or tingling caused by nerve inflammation
- Improved mobility, sleep, and ability to participate in physical therapy or daily activities
- Reduced need for pain medication in some patients
- May help postpone or avoid surgery, although this is not guaranteed

Risks and possible side effects

Most side effects are mild and temporary. Serious complications are uncommon, but may occur.

- Common/temporary: soreness or bruising at the injection site, temporary increase in pain, facial flushing, insomnia, anxiety, headache, nausea, dizziness, or temporary numbness/weakness.
- Steroid effects: temporary elevation in blood sugar or blood pressure, fluid retention, mood change, menstrual change, or temporary suppression of the body's natural steroid production.
- Uncommon/rare: infection, bleeding or epidural hematoma, allergic reaction, spinal headache from a dural puncture, nerve injury, seizure, or reaction to contrast or medication.
- Very rare but serious: permanent nerve damage, paralysis, stroke, vision loss, or death. These risks may vary by the spinal level and approach used.

Preparing for Procedure Day

Medications: do not guess—confirm with our office

IMPORTANT

Never stop aspirin, Plavix/clopidogrel, warfarin, Eliquis/apixaban, Xarelto/rivaroxaban, Pradaxa/dabigatran, Lovenox/enoxaparin, or another prescribed blood thinner unless the prescribing clinician and procedural team approve a plan. Stopping these medications can cause a heart attack, stroke, blood clot, or other harm.

Medication hold instructions

Medication	Stop before procedure
Ibuprofen (Advil®, Motrin®), diclofenac (Voltaren®), ketorolac (Toradol®)	**24 hours**
Celecoxib (Celebrex®)	**No hold unless instructed**
Naproxen (Aleve®, Naprosyn®), meloxicam (Mobic®)	**4 days**
Aspirin and aspirin-containing products	**6 days only if approved**

Do not stop aspirin on your own. The prescribing clinician and procedural team must approve the plan. Follow the specific instructions from our office.

GLP-1 medications for diabetes or weight loss

Examples include Ozempic®, Wegovy®, Mounjaro®, Zepbound®, Trulicity®, Victoza®, Saxenda®, Rybelsus® and similar drugs. These medications may delay stomach emptying and increase the risk of regurgitation or aspiration during deep sedation or anesthesia.

- Tell us the medication name, whether it is daily or weekly, the date of your last dose, your current dose, and whether the dose was recently increased.
- Most low-risk patients may continue a GLP-1 medication under current multisociety guidance, but your procedural and anesthesia teams must decide.
- Higher-risk patients—especially those newly starting or increasing the dose, taking a high dose, or having nausea, vomiting, abdominal pain, bloating, or constipation—may need a liquid-only diet for 24 hours, medication withholding, or rescheduling.
- **If your anesthesia team tells you to HOLD it:** skip a daily GLP-1 on the day of the procedure; hold a weekly GLP-1 for 7 days before the procedure. Do not stop a diabetes medication without a glucose-management plan from the prescribing clinician.

Your Sedation Checklist

If you are receiving sedation

☐	No solid food for at least 8 hours before your arrival time. Stop clear liquids 2 hours before arrival unless the facility gives stricter instructions.
☐	Clear liquids include water, clear apple juice, and black coffee or tea without milk or creamer. No alcohol, gum, tobacco, or candy after fasting begins.
☐	Take approved morning medications with a small sip of water. Ask specifically about insulin and other diabetes medications.
☐	Arrange for a responsible adult to drive you home and remain available. Do not use a rideshare or taxi alone.
☐	Wear loose clothing; leave valuables at home. Bring a medication list, photo ID, and required paperwork.

What to expect immediately afterward

- You will be observed briefly. Temporary numbness, heaviness, or weakness may occur from the local anesthetic. Ask for help before standing.
- Your usual pain may briefly improve from the numbing medicine, then return as it wears off. The steroid often begins working within 2–7 days and may take up to 10–14 days for full effect.
- A temporary pain flare for 1–3 days can occur. Use ice wrapped in a towel for 15–20 minutes at a time. Take only medications approved by your clinician.
- If you have diabetes, check your blood sugar more often for several days. Steroids can temporarily raise glucose.

Sedation safety for 24 hours

- Do not drive, operate machinery, drink alcohol, use cannabis, make important legal or financial decisions, or sign important documents.
- Avoid sedating medication unless your procedural clinician approved it. A responsible adult should be available to help you.

RENOVA PAIN

Recovery and Warning Signs

Bandage, bathing, and activity

Bandage	Keep it clean and dry. Remove it the morning after the procedure (or after about 12–24 hours). No replacement is needed unless there is minor drainage.
Shower	You may shower the next morning. Let water run over the site; do not scrub. Pat dry.
Bath / pool / hot tub	Do not soak or submerge the injection site for 3 days. Wait longer if the site is still open, draining, or irritated.
Activity	Take it easy the day of the procedure. Resume light activity as tolerated the next day. Avoid strenuous exercise, heavy lifting, and vigorous bending/twisting for 24 hours.
Work	Many patients return the next day, depending on symptoms, sedation, and job demands.

Call us promptly if you develop

- Fever, chills, increasing redness, warmth, swelling, drainage, or worsening pain at the injection site
- A severe headache that is much worse when sitting or standing and improves when lying flat
- New or worsening numbness or weakness, difficulty walking, loss of bowel or bladder control, severe pain, trouble breathing, or signs of a severe allergic reaction

EMERGENCY

Call 911 or go to the nearest emergency department for severe or rapidly worsening symptoms, new paralysis, loss of bowel or bladder control, trouble breathing, facial or throat swelling, chest pain, stroke-like symptoms, or loss of consciousness.

Follow-up

Track your pain relief and functional improvement. Note the percentage of relief, how long it lasts, and what activities you can do more easily. Keep your scheduled follow-up so your clinician can assess the response and next steps.

General education only. Follow the individualized instructions from your procedural team and call with questions.