

Epidural steroid injection

An option for selected patients with nerve-related spine pain.

What is an ESI?

An epidural steroid injection places anti-inflammatory medicine in the space around spinal nerves. The goal is to reduce inflammation and help pain that travels from the spine into an arm or leg.

What is the goal?

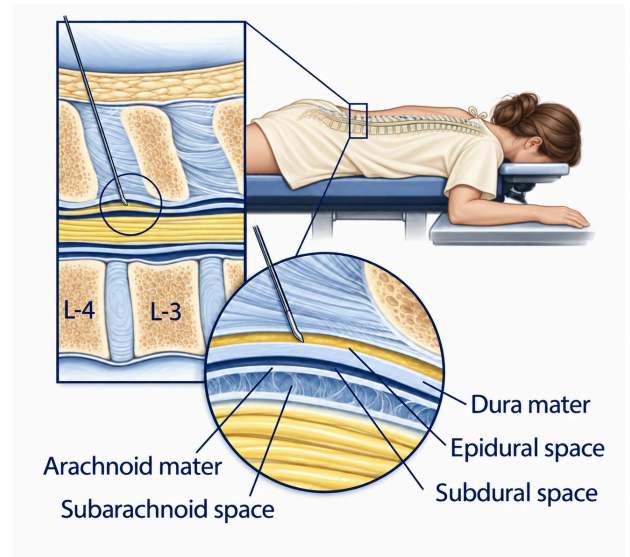
Relief may make it easier to move, sleep, and take part in rehabilitation. The injection does not remove a disc herniation or widen a narrowed spinal canal. Benefit and duration vary.

When might it be discussed?

Examples include radiating pain from an irritated nerve root, a disc herniation, or spinal stenosis. Your symptoms, examination, imaging, and previous treatments guide the decision.

TRANSFORAMINAL APPROACH

This approach places medicine near the opening where an irritated nerve exits the spine.

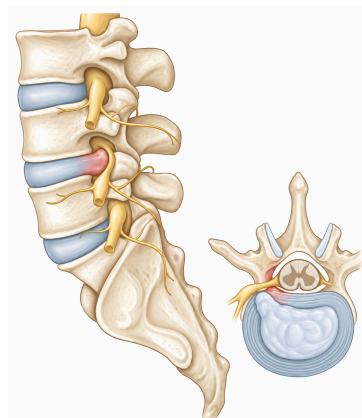


Interlaminar epidural injection

PATIENT SELECTION STARTS WITH THE PAIN PATTERN



Radiating leg pain



Disc herniation



Lumbar spinal stenosis

What to expect

A targeted injection is one part of a broader treatment plan.

Before the injection

Tell your team about blood thinners, diabetes, infection, allergies, pregnancy, and prior reactions to contrast or steroids. Follow the specific medication and eating instructions from your care team; do not stop a blood thinner on your own.

During the procedure

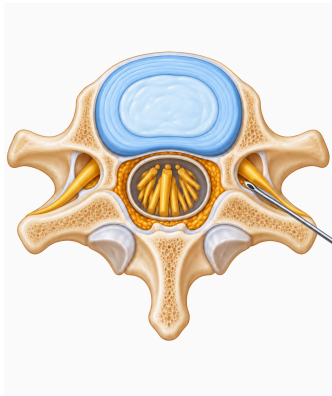
X-ray guidance helps place the needle. In a transforaminal injection, medication is delivered near the opening where one nerve exits. Interlaminar and caudal approaches reach the epidural space by different routes. Contrast may be used to confirm position.

After the injection

You may have temporary soreness or a short pain flare. Relief can take several days and may be partial or short-lived. Follow your discharge instructions and track changes in pain and function.

USE THE RESPONSE TO GUIDE THE NEXT STEP

Transforaminal approach



Near an exiting nerve root

Questions to discuss

Which nerve and spinal level are we targeting? What improvement would count as meaningful? How will I use any relief to continue activity or therapy?

Risks and limits

Risks include a temporary pain flare, headache, bleeding, infection, steroid effects, and rarely nerve injury. Diabetes can raise blood sugar for several days. Seek urgent care for new severe weakness, loss of bladder or bowel control, fever, or a severe positional headache.



Reza S. Roghani, MD, PhD
Assistant Professor
Interventional Spine and Pain
 Department of Physical Medicine and Rehabilitation
 School of Medicine
 443-997-5476 Appointments
 410-614-4033 Fax
 410-502-2199 Procedures

Appointments: 443-997-5476

General education only. A personal evaluation is needed to decide if an ESI fits your condition.