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Chronic Pain Management
(MSP, expedited WCB, ICBC and private consultations)

Cortisone injections:
Epidural Steroid Injections (Back or Neck)
Knee or Hip or shoulder joints

Baker's cyst
Trigger points/myofascial
Carpal Tunnel
Tennis elbow
Botox/migraine

You have back pain and or leg pain (sciatica). This information sheet may help answer common questions patients have.

1. **What causes the pain?**

The pain is due to irritation of the spinal nerve root near the spine due to a bulging disc or arthritis.

2. **Why do I feel the pain in the hip leg or foot?**

The spinal nerve comes from the spinal cord in the back through a bony tunnel (neural foramen) on either side and goes down the leg and into the toes.

3. **Why do I have back pain on one side?**

There is a nerve that splits off from the spinal nerve close to the spine and goes to the muscles and skin of the back. Irritation of this can cause back pain.

4. **Why do I feel pain on both sides of my back?**

It maybe possible that both nerves are irritated. However more commonly there is a poorly understood muscular/ligamentous cause that doctors commonly refer to as mechanical back pain. It may be due to inflammation and spasms of various back muscles.

5. **What are the best pain medications to treat this pain?**

Generally there are three types of pain medications, two non prescription and one prescription that are suitable for most patients. You should check with your family doctor before taking any medications.

a) Generic acetaminophen (or Tylenol) 1 to 2 tablets every 6 hours.

b) NSAIDs or Anti-inflammatories. ie. generic ibuprofen (or Advil) 1 to 2 tablets every 6 hours.

*Plus if you have stomach irritation then you should take generic ranitidine (or Zantac) 1 tablet every 12 hours to protect your stomach unless you already take a PPI (Proton Pump Inhibitor).....**ask your pharmacist or doctor**

There are other prescription NSAIDs (ie. Naprosyn/Naproxen, Diclofenac/Voltaren, or Celecoxib/Celebrex) which some doctors may prescribe instead of generic ibuprofen.

c) Narcotics.

If acetaminophen and ibuprofen does not control your pain enough for you to be able to cope, your doctor may prescribe stronger narcotic containing analgesics such as Tylenol #3 (acetaminophen plus codeine), Percocet, Oxycodone, Dilaudid, Morphine etc..

These medications may help relieve some of the pain but not necessarily the inflammation around the irritated nerve roots. Furthermore they have a number of side effects such as nausea, vomiting, dizziness, constipation etc. One problem patients develop with long term use (ie. many weeks to months duration) is narcotic tolerance. This means that you may notice diminishing effect of the medication requiring higher doses. Also you may notice that "the medication doesn't work any more" and also that you "need it" to get through the day.

Narcotics are a double edged sword.

6. **What other types of medications are there?**

There are other medications that are sometimes prescribed by doctors as necessary, as adjuvent medications which sometimes may help with muscle spasm, pain, sleep, or anxiety such as:

Muscle relaxants (cyclobenzaprine, Flexeril)
Anti-depressants (amitryptaline, Cymbalta)
Neuromodulators (Gabapentin, Lyrica) Anxiolytics
(lorazepam)

These medications have varying levels of success and side effects in individual patients.

7. **What other non-invasive conservative treatments are available?**

Most patients will have tried the usual conservative treatments such as massage, physiotherapy, acupuncture, IMS, laser, ultrasound, chiropractor, tilt table or decompression, etc. with varying levels of success.

I have found that for the vast majority of patients who come to see me with back and radicular pain from nerve root irritation secondary to a herniated disc or spinal/foraminal stenosis, these treatments have not been very effective. Furthermore these treatments are expensive and time consuming which are the most significant complications. However fortunately these rarely have any significant long term side effects (other than on your bank account and time).

However I do not actively discourage patients from seeking these treatments prior to considering cortisone injections.

8. **What is cortisone?**

The drug methylprednesolone is one type of cortisone. It is a chemical compound which is similar to cortisol, a natural stress hormone that is produced in the adrenal gland. Cortisone is one drug in a class of drugs called steroids (such as anabolic steroids, prednisone, hydrocortisone, etc.). It is a powerful anti-inflammatory and it should reduce swelling of edematous injured neural tissue and therefore perhaps promote healing and reduce pain.

9. **What is an epidural?**

There is a space in the back, through which the spinal nerves travel down to the legs, called the epidural space. Most patients will have heard of pregnant women who have labor pains often receive a labour epidural injection for pain control. Like at the dentist, local anesthetic (or " freezing ") is injected to temporarily numb the nerves. Cortisone injection or a LES (lumbar epidural steroid) injection is exactly the same as a labour epidural injection except cortisone is injected instead of local anesthetic.

10. **What are the side effects?**

There are common and relatively benign ones like headaches and backaches (which occurs in 1:200 patients) that are temporary and will resolve in a few days. There are the usual side effects of any medical procedures such as infection/abscess or bleeding. Then there are rare or more serious ones such as nerve damage or paralysis (1:250,000).

11. **What are the treatment options?**

In general there are three treatment options conservative, LES injections and surgery. The vast majority of patients do not need surgery. Once patients have exhausted conservative therapy and surgery is not a suitable option, LES injections may be warranted.

Many patients do not want surgery, are too frail to have surgery, have already had surgery (and still have persistent pain- Failed Back Surgery Syndrome), or are waiting for surgery or surgical consultation. These patients are good candidates for LES injections. Surgeons will often ask patients to try LES injections prior to proceeding with surgery.

12. **What is the role of LES injections in my treatment?**

Once conservative treatments have been exhausted, and surgery is not an option, LES may give many patients pain relief. It is considered a trial of LES injections as it may or may not work for each patient as they are all unique. Patients come to see me as their doctor is not able to perform this specialized form of injection.

13. **Who are not good candidates for LES injections?**

There are many patients that I see in consultations that are not given LES injections. Some patients may not benefit nor want to try the injections.

Some patients are anticoagulated on blood thinners such as warfarin (Coumadin), rivaroxaban (Xarelto) , clopidrogel (Plavix), ticagrelor (Brilinta), ticlopidine (Ticlid) and other blood thinners. These medications must be stopped prior to any epidural injections. You must discuss with your doctor if it is safe to do so. Your doctor may prescribe Heparin injections (low molecular weight heparin) after you discontinue your blood thinners.

14. **Is the injection very painful?**

This injection is given to pregnant women for labour pain everyday. Most patients tolerate it well. It feels like a big flu shot or an immunization shot.

15. **How long does it last?**

If it works, the anti-inflammatory effect should work for 3 to 6 months or more.

16. **How many times per year can I get the injections.**

If the pain recurs, as often as every 3 to 6 months.

17. **What will my appointment for consultation look like?**

First I usually ask patients to **bring an adult family member or friend** (who speaks English) along for two reasons. First, there may be a lot of information to digest. Secondly rarely some patients may feel a little 'woozy' from the stress of the procedure, not as a side effect of the injection, and therefore driving home is not advised. After the injection patients should try to have a relatively quiet day, although most patients go to work or school afterwards should they choose to do so.

Secondly patients should also **bring all medications or a list**.

The injection itself takes only 5 mins. A dressing will be taped on and it should be removed tonight. You may shower the next day. You should continue to take any pain medicines as prescribed by your doctor if you feel you need to.

You will be given a follow up appointment as necessary for another injection or a follow up appointment.

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