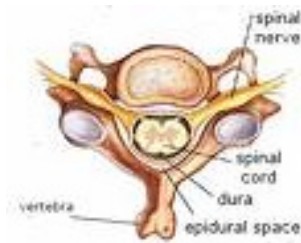


Transforaminal Steroid Injections

What is a transforaminal injection?

Medications such as steroid preparations and anesthetics can be injected into the spine using different approaches. The most common approach has been from the back going between the vertebra to place the needle in the epidural space. A solution is then injected which hopefully will disperse within the space and come in contact with the area that is inflamed. However, this requires a larger amount of solution and may not actually get to the area that is involved. Another way to do the injection is with a somewhat more targeted approach where the needle is placed directly at the site where the affected nerve comes out of the spine. This is at the foramen which is opening where the nerves exit the spine.



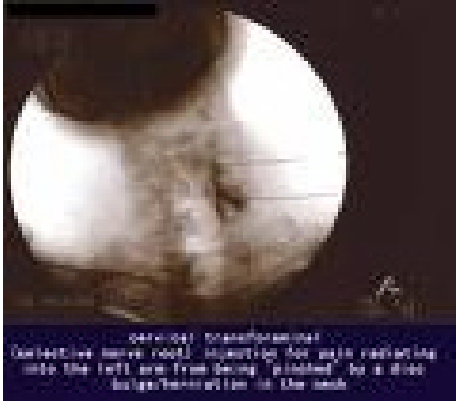
Here you can see the spinal nerve exiting the spine.

Why is it helpful?

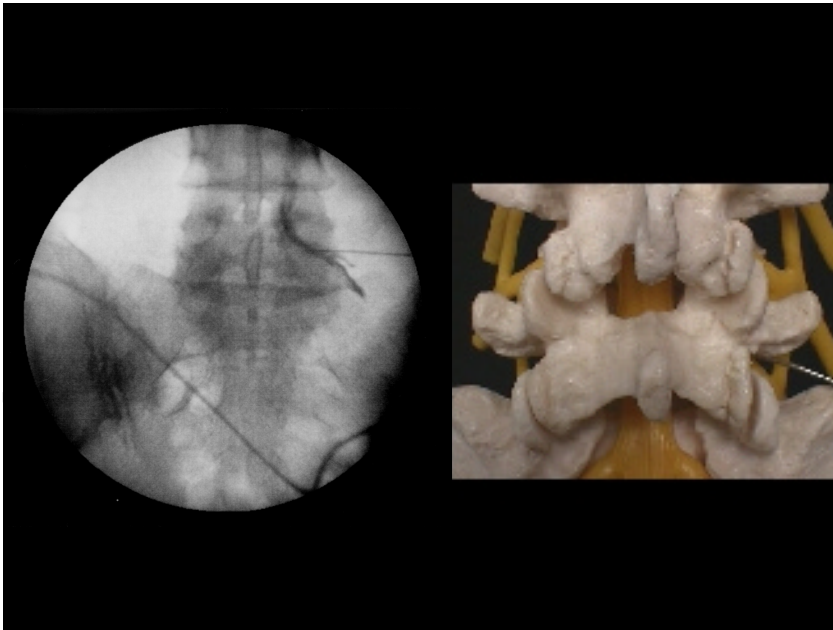
A transforaminal injection places anti-inflammatory medicine into the epidural space where the nerve leaves the spine to stop inflammation of the nerve roots, therefore hopefully reducing the pain. By stopping or limiting nerve root inflammation we may be able to reduce your pain. The injection may assist the injury to heal by reducing inflammation. This injection is much more specific than a trans-laminar epidural steroid injection where the needle comes from the back of the spine. This injection is used to pinpoint a specific nerve or area for treatment whereas the cervical steroid injection covers a wider area and is less specific.



Here is the needle placed in the foramen of a cervical spine prior to injection the dye.



Here you can see needles placed in the foramens of the cervical spine. The dark material is dye which allows the pain physician to know that the needle is in the correct place before injecting the steroid/anesthetic solution.



Here is a transforaminal injection in the lumbar spine.

Transforaminal injections can be performed in the cervical, thoracic, lumbar and sacral areas of the spine. They are typically done when the specific site involved is known.

What will happen to me during the procedure?

While lying face down on a x-ray table your skin will be well cleaned. The physician will numb a small area of skin in the back of your neck which may sting for a few seconds. Next, the physician will use x-ray guidance to direct a small needle into the epidural space. There will be pressure felt with this part of the procedure. He will then inject contrast dye to confirm that the medicine spreads to the affected nerve root(s) in the epidural space. After this, the physician will inject a combination of numbing medicine and anti-inflammatory cortisone.

What should I do after the procedure?

If you experience partial relief it may be beneficial to repeat the procedure in about two weeks. If

you experience no relief, notify the office and the procedure will probably not be repeated. We may perform up to three epidurals each 2 weeks apart.

General Pre/Post Instructions

You may eat a light, but not a full meal at least 2 hours before the procedure. If you are insulin dependent diabetic do not alter your normal food intake. Take your routine medications before the procedure (such as high blood pressure and diabetes medications) except stop aspirin and all anti-inflammatory medications (e.g. Motrin/Ibuprofen, Aleve, Relafen, Daypro) 3 days before the procedure. These medicines may be re-started the day after the procedure. You may take your regular pain medicine as needed before/after the procedure. If you are on coumadin, heparin, lovenex, plavix or ticlid you must notify my office so that the timing of stopping these medications can be explained. If you are on antibiotics please notify our office, we may wait to do the procedure. If you have an active infection or fever we will not do the procedure. You will need to bring a driver with you. You may return to your current level of activities the next day including return to work.