



GUIDELINES ON EPIDURAL STEROIDS FOR SPINAL PAIN

Epidural steroid injections are an evidence-based treatment for sciatica, and are on the curriculum for trainees in rheumatology.

Corticosteroids can be delivered to the lumbosacral epidural space by the interlaminar, caudal, or foraminal route. The foraminal route always requires X-ray control, but this is optional for the other routes.

The following protocol is recommended, but variations in individual practice are recognised.

- 1) Informed consent is obtained
- 2) The doctor carrying out the procedure knows the details of the patient's spinal problem, as well as general health, medications, allergies and drug sensitivities.
- 3) Full aseptic technique is adhered to
- 4) If using a local anaesthetic in the epidural space the operator
 - i) has a trained nurse/assistant at hand
 - ii) has oxygen, emergency drugs and resuscitation equipment immediately available
 - iii) should consider the insertion of an intravenous line and use of peroperative pulse oximetry
- 5) Should perform pulse and blood pressure pre and post procedure
- 6) The procedure should be performed in a setting where basic hygiene and sterility can be observed.

Guidelines for competency and supervision of doctors in training for epidural injections are:

- A) A doctor in training is required to observe 10 procedures and perform another 10 under supervision before giving such treatment on his/her own.
- B) Every doctor must ensure that he/she obtains adequate training in resuscitation.