

Epidurals in Out Patients

The number of therapeutic epidurals with steroid (ESI) for back pain and sciatica currently performed in out patients versus the number performed in day surgery is unknown.

The speciality mix (rheumatologist, orthopaedic surgeon or physician, pain management specialist, GP, rehabilitation specialist, neurosurgeon, radiologist), and grade (consultant, SAS doctor, trainee, other) of the person performing ESI is also unknown on a national basis.

Efficacy and cost effectiveness of ESI has been considered in a limited study on patients with unilateral sciatica, and transient benefit reported at substantial cost (HTA 2005)

There are many unanswered questions e.g., identification of subgroups who may benefit, use of radiological imaging, most effective analgesic agents, comparison with nerve root injections, use of sedation.

Further research is required to answer these questions.

ESI should be performed only as a part of a package of treatment that includes psychological and behavioural assessment and rehabilitation.

ESI can be performed by cervical, thoracic, lumbar and caudal routes. Each level has its own features in terms of safety, efficacy and skill required to perform.

It is impossible to generalise about the best method of performing ESI, and as many options should be kept open as possible until these questions are answered.

Safety is of paramount importance. The Royal College of Anaesthetists and British Pain Society recommended in a joint document in March 2002 that they should be “performed in a setting that provides appropriate monitoring and resuscitation facilities, using an aseptic technique”. A skilled assistant is required, and if local anaesthetic is used there must be immediate availability of full resuscitation equipment, and a person present with the ability to use it. Minimal monitoring includes measurement of blood pressure and pulse oximetry.

These standards are easily achieved in day surgery units, far less easily achieved in an out patient setting.

Cervical and thoracic epidurals require X-ray screening for safety purposes (close proximity of the spinal cord). Caudal epidurals carry a greater infection risk and there is a 30% failure rate without X-ray screening.

Lumbar epidurals can be technically challenging, even in experienced hands.

Although ESI is deemed “relatively safe” in the HTA report, there are potential very serious side effects, including cardio-respiratory arrest and permanent neurological damage, which, although extremely rare, mean that the procedure should take place in skilled hands, in clean surroundings, with appropriate assistance and after care.

BPS recommends that Day Surgery facilities will reach these standards more consistently than other settings.

- 1 Cost effectiveness and safety of epidural steroids in the management of sciatica, Price C, Arden N, Coglan L, Rogers P. Health technology assessment 2005; vol9: no 33.
- 2 Recommendations on the use of epidural injections for the treatment of back and leg pain of spinal origin. The Royal College of Anaesthetists Bulletin 14, July 2002.