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Steroid Epidural Injection For Back Pain

By Kimberly Thane

According to WebMD, 80% of all Americans suffer from back pain at some time in their lives. Pain is subjective. It is suffered at whatever level the sufferer perceives it. What may be intense, debilitating pain to one patient is tolerable to another. What is unbearable to one may be low level to another. It is up to the patient to find a medical practioner who will listen and help the patient find a solution to their suffering.

Usually the first line of defense is the patient's family doctor, who may be a general practioner or a internal medicine doctor. The GP is more likely to offer an exercise regimen, non steroidal, muscle relaxants and the ice, heat routine. This is often a satisfactory treatment for patients with back strain from heavy lifting, or other mechanical injury. Internal medicine doctors are more apt to refer their back pain patients immediately to an othropedic specialist who may also determine after their physical exam that the source of pain is a mechanical injury and prescribe a similar treatment with or without physical therapy.

Those patients who don't respond to conservative therapies may be candidates for the next level of therapy; epidural injections.

First of all, the physician will send the patient for radiographs of the spine, and then if the xray shows any abnormality, he may prescribe an MRI, which will give a detailed image of the spine and it's components. It will show problems with alignment, arthritis, disc degeneration and other conditions.

Then the patient will make an appointment with a pain management physician who is a specialist in treating patients with back pain among other pains and also may be an anesthesiologist. The pain management specialist will take a detailed medical history which will include information about lifestyle, exercise, diet, etc. A physical will be done, including reflexes, sensation, and strength. If the pain management specialist feels the patient will benefit from the steroid epidural injection, it will be scheduled at that time.

The day of the steroid epidural injection will come with the patient having fasted after midnight and nothing by mouth in the morning. All jewelry should be left at home, along with any valuables in the

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female patient's handbag. Comfortable, easy to remove clothing should be worn.

The patient will arrive at the facility and speak briefly to the registration person. Then she will be lead to a small room where she will undress and put a hospital gown on, and her temp, blood pressure and pulse will be taken. Then an intravenous line will be started. All the drugs the patient will get during the procedure will be given through this line.

The patient will walk to the room where the injection will be given. In many facilities, the patient will sit on the end of the bed or on their side for the procedure. But state of the art injections are given under fluoroscopy with the patient laying on their stomach. In this way, the physician can guild the injection to the exact space where the patient's pain originates.

After the injection is given, the patient will go to the recovery room for one half to one hour, then back to their room to dress and go home. With two days to two weeks, evidence of the effectiveness of the

injection should be apparent. Up to three injections may be necessary to obtain relief.

Kimbery Thane is an Operating Room Nurse specializing in patient advocacy. See more information at...

<http://www.northmedical.info>

Injection–Therapy Against Back Pain

By Codi Morieta

Spinal injections have been used to as an alternative to surgery in treating back pain since the early 1900s.

Studies have shown injections to be effective in up to 50% of patients. They are typically given after medication and physical treatments have been utilized, but before surgery. Injections tend to be more effective than oral pain medication because they deliver medicine right to the source of the pain.

Sacroiliac (SI) joint blocks are injections used to treat low back pain. The sacroiliac joints are located next to the spine and connect the sacrum to the pelvis. Painful joints cause pain in the lower back, buttocks, abdomen, groin, and legs.

SI joint blocks work in three ways: 1) they are used to determine if the SI joint is the source of back pain (if the injection makes the pain better, thats where the pain is coming from), 2) the numbing medication used in the block gives temporary relief so the patient can have chiropractic or other physical treatments immediately after the block is administered, and 3) a time–release steroid gives extended pain relief by reducing inflammation.

During an SI block, the patient lies on his stomach and live x–ray, known as fluoroscopic guidance, is

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used to allow the doctor to see the joints. The skin is sterilized and numbed. The doctor then inserts a very small needle into the joint and injects it with lidocaine (a numbing agent) and a steroid (an anti-inflammatory).

After treatment the legs sometimes feel numb or weak for a few hours. Side effects are rare and include allergic reaction, infection, excessive bleeding, nerve damage, and chemical meningitis.

Thoracic Facet joints are small joints about the size of a thumbnail and are located in pairs along the back of the spine. If they become irritated, middle back pain occurs. Thoracic facet joint injections have the same purpose as SI joint injections, are performed in exactly the same manner, and have the same side effects. The only difference is they treat middle back pain instead of lower back pain.

Epidural steroidal injections are similar to SI and thoracic facet joint injections, except the cortosteroid is injected into the spinal canal surrounding the spinal cord. They are used to treat chronic and not acute low back pain. This procedure has the same side effects of other injections. Relief generally lasts anywhere from one week to one year.

Selective nerve root blocks (SNRB) are used primarily as a diagnostic tool and secondarily as treatment for pain. Back pain can occur when nerve roots become compressed and inflamed. While MRIs can be used to show which nerves are causing the pain, they don't always work successfully. In cases when this happens, an SNRB injection can be performed in order to isolate the source of the pain.

SNRBs are also used to treat discs that rupture outside of the spinal canal, or far lateral herniated discs. The procedure is the same for other types of injections. As with other injections, SNRBs should not be performed more than three times per year. SNRBs are considered more difficult to perform than

other types of injections and should be done only by a physician experienced in them.

Facet rhizotomy may be recommended if three facet blocks have been performed but more pain relief is needed. Facet rhizotomy injections disable the sensory nerves that lead to the facet joint, thereby providing pain relief. The procedure for facet rhizotomy injections is different from that of other injections.

A needle with a probe is inserted just outside the joint, is heated with radio waves, and applied to the sensory nerve. This disables the nerve and keeps it from sending pain signals to the brain.

Do you want to learn more about the myths from facts about back pain? Learn healthy natural remedies for back pain relief and the main causes of back pain, surgical treatments, acupuncture, chiropractic, massage and even homeopathic remedies? Just visit the free website at:

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