Caudal epidural injection

7 mL of 1% lidocaine, 80 mg of triamcinolone and 7 mL of normal saline in the caudal epidural injections, with the main indication being radicular lumbosacral pain.

Caudal epidural steroid injections (CESIs) are the safest and easiest blocking method with the least risk for inadvertent dural puncture, despite the need for a relatively high volume [1].

Caudal epidural steroid injection for Coccydynia.

Although CESI is a good method for long-term pain-relief in many patients, it is not effective for everyone. This result suggests that a variety of structural, environmental, and genetic causes [2] should be considered before implementing a CESI but this is difficult in practice.

Many of the patients with HLD-related lumbar radicular pain had a centrally-herniated disc and that central HLDs were more likely to be cured by CESI treatment. However, MRI did not detect any other significant factors to predict the effectiveness of CESI treatment. The number of patients with a HLD in the central zone or the subarticular zone was relatively larger than those with a HLD in the foraminal and extraforaminal zones [3].

Complications

Although caudal epidural injections are safe, they are not devoid of complications.

Arachnoiditis following caudal epidural injections for the lumbo-sacral radicular pain [4].

Case series

One hundred seventy-seven patients with radicular pain due to disc prolapse treated with caudal epidural injection were included in our study. All the injections were carried out between January 2000 and December 2004. Inclusion criteria include symptomatic disc prolapse diagnosed with magnetic resonance imaging scan, disc prolapse of 1 level only either L4-5 or L5-S1, leg pain for more than 4 wk and age more than 18. Exclusion criteria include multiple disc levels, spondylolithesis, spinal stenosis, cauda equina, and progressive neurologic deficits. Outcome Measures include Oswestry score and patient satisfaction and final outcome patient satisfaction either excellent (complete pain relief), good (minimal symptoms), moderate (some symptoms), no relief (symptoms unchanged), and worse (symptoms deteriorated). The final outcome is excellent (more than 6 mo pain relief), very good (3 to 6 mo pain relief), good (6 wk to 3 mo pain relief), fair (4 to 6 wk pain relief), brief (less than 4 wk pain relief), and no relief postal questionnaire sent and telephone interview done with the nonresponders. Ninety-six answered the postal questionnaire and this number increased to 136 after telephone interview. Forty-nine percent females and 51% males. Eighty-nine with L5-S1 disc prolapse and 47 with L4-5 disc prolapse. Caudal epidural not only relieve leg pain but also relieve back pain. There is no significant difference in the Oswestry disability index nor in the patient satisfaction nor the final outcome after caudal epidural injections for patients with disc prolapse L5-S1 and L4-5 ones. The number of patients who required surgery were much less than the literature figures 3.05%. There is no significant difference in the response after caudal epidural injection considering the sex only. The longest the back pain before injection is associated with the worst Oswestry disability index [5].

1)
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