

# Cervical interlaminar epidural steroid injection complications

see [Cervical Epidural Steroid Injection Complications](#)

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The procedure inherently lends itself to possible spinal cord injury (SCI). Though reports of such events have been documented, the clinical presentation of patients with needle puncture SCI varies. In part, this may be due to anatomic considerations, as symptoms may be dependent on the cervical level intruded, as well as the volume and type of injectate used. Many cases go unreported and therefore the true incidence of cord injections during ic-ESI is not known.

Most cases of pneumocephalus after an epidural block occur when using an interlaminar approach with the loss-of-resistance technique.

Spinal epidural hematoma (SEH) is a rare complication with a reported incidence ranging from 1.38 in 10,000 to 1 in 190,000 epidurals. Current American Society of Regional Anesthesia (ASRA), American Society of Interventional Pain Physicians (ASIPP), and the International Spine Intervention Society (ISIS) recommendations are that non-steroidal anti-inflammatory drugs (NSAIDs) do not need to be withheld prior to epidural anesthesia.

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