

Epidural injection for back pain

Caudal epidural injection

Cervical epidural injection

Lumbar epidural injection

Epidural injections of (cortico)steroids: there is no evidence that this is effective in treating acute radiculopathy.¹⁾

Most studies that show benefit are retrospective and noncontrolled. Prospective studies yield varied results²⁾.

Some improvement at 3 & 6 weeks may occur (but no functional benefit, and no change in the need for surgery), with no benefit at 3 months³⁾.

The response to chronic back pain is poor in comparison to acute pain. ESI may be an option for short-term relief of radicular pain when a control on oral medications is inadequate or for patients who are not surgical candidates

b) there is no evidence to support the use of epidural injections of steroids, local anesthetics and/or opioids for LBP without radiculopathy

c) reports on efficacy with conditions such as lumbar spinal stenosis are conflicting,⁴⁾ relief is almost uniformly temporary (4–6 weeks with initial injection, shorter times with subsequent ones)

¹⁾

Cuckler JM, Bernini PA, Wiesel SW, et al. The Use of Epidural Steroids in the Treatment of Lumbar Radicular Pain. A Prospective, Randomized, Double-Blind Study. J Bone Joint Surg. 1985; 67A: 63–66

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Spaccarelli KC. Lumbar and Caudal Epidural Corticosteroid Injections. Mayo Clin Proc. 1996; 71:169–178

³⁾

Carette S, Leclaire R, Marcoux S, et al. Epidural Corticosteroid Injections for Sciatica due to Herniated Nucleus Pulposus. N Engl J Med. 1997; 336:1634–1640

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