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## **Lumbar Epidural Steroid**

## **Epidural steroids following discectomy**

Perioperative epidural steroids after routine surgery for lumbar degenerative disease may result in a small reduction of post-op pain, length of stay, and the risk of not returning to work at 1 year, but most of the evidence originates from studies not using validated outcome assessment that favor positive results, and further study is recommended (various agents, dosages, co-administered drugs, and delivery methods were reported) <sup>1)</sup>. However, the combination of systemic steroids at the start of the case (Depo-Medrol® 160 mg IM and methylprednisolone sodium succinate (Solu-Medrol®) 250 mg IV) combined with infiltration of 30 ml of 0.25% bupivacaine (Marcaine®) into the paraspinal muscles at incision and closure, may reduce hospital stay and post-op narcotic requirements <sup>2)</sup>.

There is relatively strong evidence that intraoperative epidural steroids are effective in reducing pain in the early stage and reducing consumption of analgesia. There is also relatively strong evidence that they are ineffective in reducing pain in the late stage and in reducing duration of hospital stay. The evidence for their effectiveness in reducing pain in the intermediate stage is considered relatively weak. The heterogeneity between the trials makes it difficult to make undisputed conclusions and it indicates the need for a large multicenter trial with validated outcome measures that are recorded at fixed time intervals <sup>3)</sup>.

## **Lumbar epidural steroid injection**

see Lumbar epidural steroid injection

1)

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