

Preparing for your Upcoming Cervical Epidural Steroid Injection

Your doctor has recommended that you have a cervical epidural steroid injection. These injections are often used to treat radicular or neuropathic pain. This is pain that occurs due to irritation of a spinal nerve root from a herniated or degenerative disc or arthritis in the spine that causes compression or irritation of the nerve(s). Radicular pain can be sharp or burning pain in neck into one or both arms.

Dr. Dumont uses epidural injections to treat neuropathic pain by delivering targeted steroid medication into the epidural space. The epidural injection is usually not painful because of the numbing anesthetic, but there may be mild tenderness for a few days after the injection. As with all therapies, the amount of pain or symptom relief will vary from person to person. Some patients have relief that lasts for years while others may only find short-term relief or no improvement. If needed, these injections can be repeated to help address your pain.



Dr. Justin Dumont
Interventional Pain
Management Physician
OrthoVirginia

Procedure Date: _____

Scheduled Procedure Time: _____

Follow-up Appointment (Boulders or St. Francis) _____

Do not eat or drink anything 2 hours prior to the procedure. You must have a driver to take you home after the procedure. If you are on certain blood thinners and, please consult the attached document with specific instructions for holding anticoagulant medications. You may need prior approval from the doctor prescribing these medications to hold these medications. Please contact our office if you have questions. Please do continue your other routinely prescribed medications the day of the procedure.

Procedure Location:

OrthoVirginia Pain Management Operatory
5899 Bremono Road. MOB West, 1st Floor Suite 100B
Richmond, VA 23226



You should consult with your doctor or Dr. Dumont's office before receiving the procedure if you:

- have an allergy to any anesthetic or contrast material
- are on blood-thinning medications
- have an active infection or have started taking antibiotics
- have received or are planning to receive the COVID vaccine or booster 2 weeks before or 1 week after the procedure
- are pregnant
- have elevated blood sugars greater than 200 on the morning
- have a history of claustrophobia

Procedure Overview

- Once you arrive to the procedure room, you will be checked in by our staff.
- You will have an IV placed into your arm or hand as a precaution.
- After the check-in process is complete, you will be brought back to the procedure room.
- You will lie with your face down on the table, and the skin over the injection site will be cleaned with an antiseptic solution and sterile towels will be placed.
- The local skin and tissue will be injected with an anesthetic to numb it.
- Using live X-ray video called fluoroscopy, Dr. Dumont will insert a needle through the skin and guide it into the epidural space, where the irritated nerves are located.
- Dr. Dumont will confirm epidural access using several methods including a special syringe and the use of contrast. Once deemed safe, he will then inject a solution that contains a long-lasting steroid.
- You will be brought back to the recovery room to have your vital signs monitored and your IV removed. Once deemed safe you will then be discharged.
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Although ESIs are considered relatively safe and are one of the most commonly performed procedures in the world for patients who suffer from back and neck pain, there are risks associated with the procedure. Among the risks associated with this procedure are headache, nausea, vomiting, bleeding, infection, and rarely nerve damage. The other risks of ESIs may be directly related to the medications injected, so all patients should discuss this with their doctor prior to the procedure.

Please consult the table below for instructions about holding certain blood thinning medications. You may need permission from your primary doctor or cardiologist before holding one of these medications. Please be sure to consult them prior to holding any medication. Please be sure to consult them prior to holding any medication.

If you have any questions, please don't hesitate to contact our office.

Anticoagulant	Time to hold before procedure	Time to restart
Lovenox (Enoxaparin - prophylactic dose)	12 hours	12 hours after procedure
Lovenox (Enoxaparin - 1 mg/kg, therapeutic dose)	24 hours	12 hours after procedure
Cataflam (Diclofenac)	24 hours	24 hours after procedure
Arthrotec (Diclofenac/Misoprostol)	24 hours	24 hours after procedure
Ibuprofen	24 hours	24 hours after procedure
Toradol (Ketorolac)	24 hours	24 hours after procedure
Orudis (Ketoprofen)	24 hours	24 hours after procedure
Eptifibatide (Integrilin)	24 hours	24 hours after procedure
Clinoril (Sulindac)	48 hours	24 hours after procedure
Lodine (Etodolac)	48 hours	24 hours after procedure
Indocin (Indomethacin)	48 hours	24 hours after procedure
Persantine (Dipyridamole)	48 hours	24 hours after procedure
Eliquis (Apixiban)	3 days	24 hours after procedure
Xarelto (Rivaroxaban)	3 days	24 hours after procedure
Salsalate (Amigesic, Disalcid)	3 days	24 hours after procedure
Naproxen (Naprosyn)/Aleve	4 days	24 hours after procedure
Arixtra (Fondaparinux)	4 days	24 hours after procedure
Pradaxa (Dabigatran)	4 days	24 hours after procedure
Mobic (Meloxicam)	4 days	24 hours after procedure
Coumadin (Warfarin - must have INR \leq 1.2 prior to procedure for high risk procedures, \leq 1.4 for moderate risk procedures)	5 days	24 hours after procedure
Brilinta (Ticagrelor)	5 days	24 hours after procedure
Plavix (Clopidogrel)	5 days	24 hours after procedure
Dolobid (Diflunisal)	5 days	24 hours after procedure
Relafen (Nabumetone)	6 days	24 hours after procedure
Aspirin 325 mg	6 days	24 hours after procedure
Effient (Prasugrel)	7 days	24 hours after procedure
Feldene (Piroxicam)	10 days	24 hours after procedure
Daypro (Oxaprozin)	10 days	24 hours after procedure
Ticlid (Ticlopidine hydrochloride)	10 days	24 hours after procedure