

# Dr Usamah Jannoun MD

## *Consultant in Musculoskeletal & Sports Medicine*

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### **Patient Information Leaflet CT and X-ray guided Spinal Pain Procedures**

This patient information leaflet has been devised by your Consultant. It serves as a guide only. Further information can be obtained online either at [www.usamahjannoun.co.uk](http://www.usamahjannoun.co.uk) or other useful websites with information relating to spinal injections.

**General Information on Risks and Complications:** the vast majority of patients having spinal injection procedures report very little if any side effects as a result of the injections such as post-injection pain. The recovery in the majority of cases goes well and they are able to gain the pain-relieving benefits within three weeks of having the injections. There are however rare risks of having spinal injections. Please discuss any concerns that you have about the following information regarding the risks and complications with your consultant referring you for the procedure or Dr Jannoun who will be carrying out the procedure.

Please urgently contact your referring consultant or Dr Jannoun's secretary or clinic in the event that your pain gets worse, you have developed new symptoms in your back, arm, or leg, you have developed signs and symptoms of a fever confirmed by a thermometer reading, or your bladder and/or bowel function have changed in that you are involuntarily either withholding or struggling in passing either or both or you are passing either or both without your control. If this is out of clinic hours (0900-1700), please attend your nearest Accident and Emergency Department for urgent assessment.

#### **Rare but Severe Risks and Complications:**

- Post injection spinal bleeding (haematoma). This affects between 1-2 in 10000 people.
- dural puncture-can cause severe headaches that can last for weeks. Happens in fewer than one in 100 people.
- Significant bacterial infection of the spine. The risk is approximately less than 1 in 10000.
- Allergic reaction to the drugs injected-can cause a rash, itching, difficulty breathing or swallowing.
- Nerve damage-this is very rare (fewer than 1 in 10000 people) but is even less likely to occur in caudal epidural injections as Dr Jannoun uses a technique called the minimal entry technique.

***The exact risks are specific to you and the above list is not exhaustive. Please ask Dr Jannoun to explain how these risks might apply to you.***

Your consultant Dr Jannoun has made every effort to prevent such events happening and will discuss these risks with you before the procedure. You will be sent this information leaflet by email well in advance of your procedure date. If you have not received the leaflet latest by the day before your procedure, please contact Dr Jannoun's PA.

Transforaminal epidurals to the neck: Extremely rare and disastrous outcomes of stroke and death have been documented in the literature following this type of spinal injection to the neck, even rarer the case when carried out in the lumbar spine. Care and thought has been taken in the injection technique being used to further reduce this risk, the type of steroids injected (low particulate), and the use of Iodine based contrast to further confirm correct needle position prior to injecting the pain relieving drug solution around the spinal nerve(s).

**A rare occurring condition requiring urgent immediate medical attention is called Cauda Equina Syndrome.** Cauda Equina Syndrome presents as one or a combination of the following symptoms. Most commonly these symptoms develop suddenly and may worsen rapidly, within hours or days. However some people develop symptoms gradually. **This condition can occur at any time, before or after injectional or surgical treatment. This requires immediate attendance of your local Accident and Emergency Department for treatment:** saddle Anaesthesia • Loss of feeling

between the legs • Numbness in or around the back passage and/or genitals • Inability to feel the toilet paper when wiping • Bladder disturbance • Inability to urinate (pass water) • Difficulty initiating urination (urinary hesitancy) • Loss of sensation when you pass urine. • Inability to stop or control urination (incontinence) • Loss of the full bladder sensation • Bowel disturbance • Inability to stop a bowel movement (incontinence) • Constipation • Loss of sensation when passing a bowel motion. • Inability to achieve an erection or ejaculate (Males) • Loss of sensation during intercourse

**What to Know and Do Before the Procedure:** If you are coming for a procedure as an outpatient or day case under local anaesthetic, have a light breakfast or lunch and take any regular medication you usually would take but avoid taking anti-inflammatory medications such as Ibuprofen, Nurofen, Naproxen, Aspirin on the day of the procedure. **Please advise the Consultant of ALL medications you are taking.** Avoid alcohol the evening before and on the day of the procedure. Make sure that all nail products are removed from your ring finger otherwise we cannot monitor you during the procedure

If you are having your procedure at the Wellington Hospital under light sedation or under a light General Anaesthetic (GA), please discuss this with the Consultant Anaesthetist well in advance of the procedure. You will be required to be nil by mouth and will be allowed to drink up to a certain time before the procedure.

#### **Inform your consultant if:**

- you have reason to believe you are pregnant or you cannot rule out that you are not pregnant.
- you are running a temperature (confirmed by a reading) and are feeling unwell.
- you are diabetic, have a history of glaucoma, or a history of autoimmune disease or immunosuppression.
- you are taking blood thinning drugs (such as Apixaban, Rivaroxiban, Aspirin, Warfarin, Heparin, Clopidogrel,) OR immunosuppressive drugs (eg anti-TNF, anti-retroviral therapy, methotrexate), OR you have an intolerance to iodine dye/contrast or are shellfish intolerant.
- you have taken a sedative before coming for the procedure such as Diazepam.

#### **The day of the procedure**

Avoid strenuous activities all day and drink plenty of water. You may experience soreness around the injection site after the procedure. The soreness should respond to over-the-counter pain relieving tablets or by applying a local ice pack for 15 minutes. Should that not be the case, please contact your Consultant. If you are having a transforaminal epidural, you may experience temporary weakness in your affected leg due to the anaesthetic effect that can last around six hours. The nurse will provide you with crutches if necessary. **You must not drive a car or cycle on the day of the procedure.** Patients having a spinal injection to the neck will have a cannula (intravenous access point) put in by the nurse; this is just a precautionary measure and the cannula will be removed before you leave the clinic.

#### **After you leave the centre/hospital and the weeks after the procedure**

The benefit of the injections may take up to two to three weeks to show so be patient. You may experience facial flushes or increase in our discomfort for the first few days. These are minor and temporary side effects of the drugs used and should completely settle without any consequences and are no cause for alarm. Rarely does facial flushing last longer. Please contact your Consultant if that is the case. One dose of cortisone/steroid rarely causes any disturbance to your metabolism or hormonal balance. Frequent or repeated doses of medium to high dose (over 40mg Depo steroid) can disrupt the menstrual cycle, cause postmenopausal bleeding, or any or all the side effects of long-term oral steroid use. In musculoskeletal conditions, only small doses are used infrequently so these unwanted effects are extremely unlikely to occur.

The use of corticosteroids in epidural injections is an indication that is outside the marketing authorisation (product license).

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