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## Transforaminal Epidural Injections

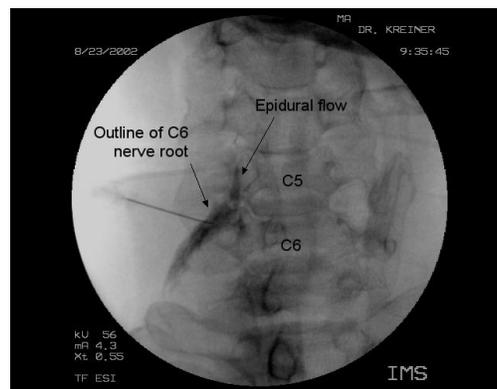
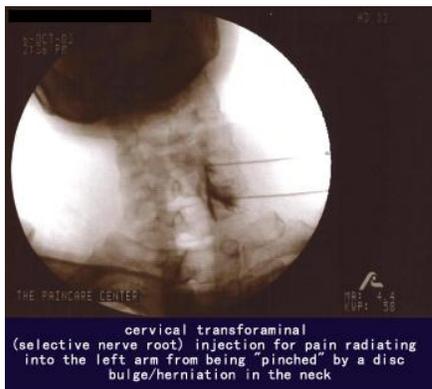
These are also called **selective nerve root blocks or sleeve injections**.

**How many types of Transforaminal injections are there ?**

- -Cervical for neck
- -Thoracic for mid and upper back.
- -Lumbar / sacral for low back

**What is a nerve root?**

Nerve roots are cable-like nerve bundles that exit the spinal cord and form nerves that travel into the arms, the thorax, the internal organs, and the legs. These nerves allow among others, movement of the arms, chest wall, and legs, but also carry sensation from these into the brain via the spinal cord. These nerve roots may become inflamed and painful due to irritation, for example, from a damaged/bulging or herniated disc or a bony spur.



**What is a Transforaminal block?**

Trans-foraminal or Selective Nerve Root Block provides important diagnostic and prognostic information to both, your surgeon and your pain specialist, but also serves as a primary treatment in many instances.

It serves a diagnostic and prognostic purpose by proving which nerve root is causing pain by placing temporary numbing medicine (local anesthetic) over the suspected nerve root of concern. If a patient's usual pain improves after the injection, that nerve root is most likely causing the pain. If the pain remains unchanged, that nerve root is generally not the reason the patient may be experiencing pain.

By confirming the exact source of pain, a transforaminal block can provide information conducive to adequate treatment, which may include additional nerve blocks and/or surgery at a specific level.

**What happens during the procedure?**

An IV will be started so that relaxation (sedatives) can be given if the patient requires, but also having prompt quick access to the patient central circulation if an emergency should occur.

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Arrangements must be made in advance with the Anesthesiology team to provide anesthesia, and the patient needs to fast for at least 6-8 hours prior to the procedure.

The patient is placed on the X-ray table and positioned in such a way that the physician can best visualize the bony openings in the spine where the nerve roots exit the spine using x-ray guidance in the treatment room.

The skin on the spine is prepped with an antiseptic solution (Duraprep), and then draped.

The physician then numbs a small area of skin with numbing medicine.

After the numbing medicine has been given time to be effective, the physician directs a very small needle, using X-ray guidance near the specific nerve being tested. A small amount of contrast (dye) is injected to insure proper needle position. Then a small mixture of numbing medicine (anesthetic) and anti-inflammatory (steroid) is injected.



### **What happens after the procedure?**

Immediately after the procedure, the patient will move around and try to imitate something that would normally bring about their usual pain. In the beginning of treatment phase, patient is monitored for relief and side effects.

The arm(s), chest wall or leg(s) may feel weak or numb for a few hours following the procedure. This is fairly common and happens following a selective nerve root block or transforaminal epidural injection.

### **Instructions**

The patient can eat a light meal within a few hours before the procedure.

If a patient is an insulin dependent diabetic, they must not change their normal eating pattern prior to the procedure.

Patients may take their routine medications. (i.e. high blood pressure and diabetic medications).

## Post-procedure Instructions

You were given a number of medications during the procedure. These sometimes include sedatives, narcotics, local anesthetics, steroids, and other medications. Any of these drugs or procedure itself, sometimes can cause side effects, including drowsiness, temporary numbness, weakness and soreness.

What To Do After the Procedure?	Rest for a few hours and use assistance if needed. Resume activity as tolerated, but do not overdo. Resume regular diet.
Restrictions:	Do not drive or operate machinery for at least 12 hours. Do not make important decisions for 12-24 hours after treatment. Walk with assistance as long as numbness, weakness, or drowsiness is present.
Notify If You Have:	Excessive or abnormal bleeding / persistent chills or fever over 100°F If there is a major change in pain pattern or level.
Emergency:	In case of emergency, call (847) 922-3119. If unable to reach the physician, report to the nearest emergency room and request them to inform the physician at Pain Management Center.
Few Other Things:	Take your usual medication. Apply ice massage as instructed; may use heat if ice is intolerable. If IV site becomes painful, place warm towels on the site for 20 minutes 2-3 times / day.

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