

Lumbar nerve root infiltration (periradicular or epidural infiltration)

Dear Patient,

Your doctor has referred you for infiltration of a lumbar nerve root (lumbar means at the level of the lumbar spine). Nerve roots are arranged symmetrically on the left and right sides. They exit the spinal cord through small openings between two neighboring vertebral bodies. One or several of your nerve roots are impaired by an intervertebral disc (disc herniation or disc prolapse), by arthrosis of the small vertebral joints (facet joints), as a result of general narrowing of the spinal canal or due to narrowing of the nerve exit. The aim of infiltration is to alleviate your pain through a targeted injection of medication. This treatment can also relieve any muscle stiffness and make it easier to apply supportive measures like physiotherapy again.

Nerve root infiltration procedure

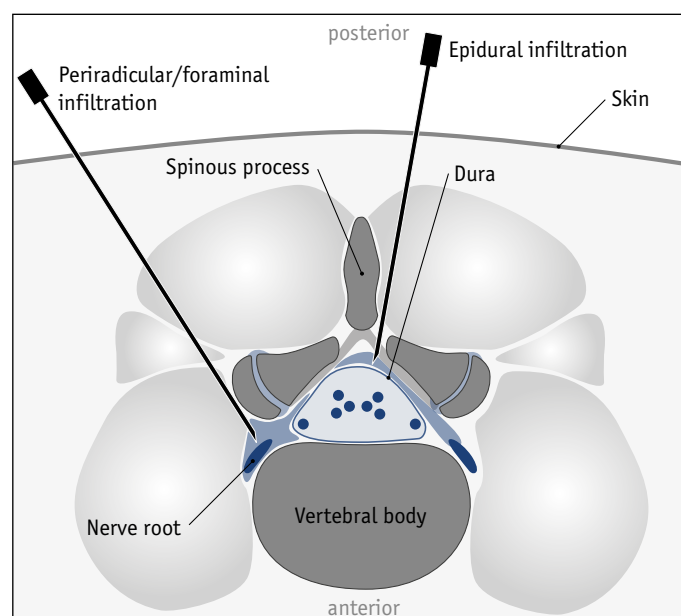
The infiltration is performed with guidance by computerized tomography (CT). In total, you will have to lie in the prone position during the planning and the actual infiltration for approximately 15 minutes. After a brief consultation, the radiologist reviews several of the CT images to determine the optimal access route to the nerve root. Once the appropriate site is found, the skin is desensitized with a fine needle (local anesthesia). Under repeated local anesthesia, the needle is then advanced bit by bit until the tip of the needle is located near the nerve root. In between, several of the CT images are used to monitor the needle's position. Once the needle is located next to the nerve root, a small amount of contrast agent is injected through this needle. The aim is for the contrast agent to spread along the nerve root. You may notice a cramp-like pain in your leg. If this pain becomes very intense, the radiologist will wait briefly and then continue injecting more slowly. Then, some cortisone and a local anesthetic is injected through this same needle. The local anesthesia should noticeably alleviate the pain within a few minutes. The cortisone inhibits local inflammation.

After the local anesthesia wears off - which can take several hours - you might notice some of this familiar leg pain again. The action

of the cortisone gradually takes effect after approximately 1-3 days. It is rare if no alleviation of the existing leg pain occurs.

What complications can occur?

- Due to the local anesthesia directly at the nerve, you might experience disturbed sensation (tingling) in your leg and perhaps (sometimes considerable) weakness in your leg for several hours. For that reason, you are also not permitted to operate a motor vehicle for several hours.
- Rarely, a bruise may form.
- Allergies to intravenous contrast agents occur with a much rarer frequency.
- Infections are very rare.



Naturally, you may ask us questions at any time before and during the infiltration procedure.

Last name:	<input type="text"/>
First name:	<input type="text"/>
Date of birth:	<input type="text"/>

Please answer the following questions

	Yes	No
■ Do you take blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you suffer from infections?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you suffer from allergies?	<input type="checkbox"/>	<input type="checkbox"/>
■ Are you or might you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

I agree that the invoice can be sent directly to the insurance company and digitally stored for me in the MRI.

I have understood the information given, have answered all questions conscientiously and hereby consent to having the infiltration performed.

Date:	<input type="text"/>	Patient's signature:	<input type="text"/>	Radiologist:	<input type="text"/>
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