

Caudal Catheter (Racz)

When your procedure has been cleared and scheduled you will be called to be reminded of the exact time and date that you are to appear at the surgical center.

We would like to remind you that you must have a driver with you and you must not drive the day of your procedure or operate any heavy equipment. Additionally, you must not eat or drink anything but water 4 hours prior to your procedure.

When you arrive at the surgical center, you will sign paperwork and then be interviewed by a nurse. The nurse will ask you about your medical conditions and the medications that you take. After she is finished with the interview, if necessary, you will be placed in a gown and an IV will be placed.

When it is time for you to have your injection, you will be transported into the procedure room where you will meet your doctor. Your doctor will ask you about how you are doing and will also verify the injection that you are scheduled for, including which side would be the appropriate side to inject if this is an issue. After this has been accomplished you will be helped onto a special cushioned table and positioned on your stomach. A monitor will be placed over your finger that will tell us about the oxygen that you have in your blood as well as your heart rate and EKG stickers will be applied to use so we can monitor your heart rhythm and heart rate.

If you wish to receive sedation, and many people do, it is at this point that we will start the sedation. Sedation is usually given slowly to be sure that you are not overly sedated. Many patients who do not take a lot of pain medications find that they fall asleep with the IV sedation. If this happens it is never a deep sleep and we can easily wake you up. The optimum level of sedation is one in which you are relaxed and breathing on your own.

In many patients who take significant amounts of pain medication the IV sedation will help you relax but it may not result in you being completely asleep. It is important to remember that IV sedation is used to relieve anxiety. None of the procedures that we do are significantly painful and generally speaking they are as uncomfortable to experience as simply getting the IV.

PROCEDURE:

After you are comfortable your back will be prepped and draped in the usual sterile manner and using x-ray we will numb up the skin directly over the small hole that is just above your tailbone and at the base of the skeleton and sacrum (see diagram). When this area is numb, we will be able to advance a second needle through, this area, into this small hole, so that the tip of the needle will be in the epidural space at the base of the spine (see diagram). To confirm placement, and to see where the medication will go, a small amount of dye is injected through this needle and observed under the x-ray. Now a syringe containing numbing medication is injected through the needle in order to anesthetize the epidural space that the catheter will be advanced in. A special catheter is now advanced through the needle under the x-ray camera. Because of the special characteristics of this catheter, it can be manipulated, under the x-ray camera, to the left or to the right. We have already identified where the target should be and the catheter will be gently maneuvered, even through some degree of scar tissue, up into the area where your problem resides. With the catheter in this position, inside the epidural space and on the same side that is hurting you, dye is again injected to identify where the subsequently injected medication will go. Once we see that the dye is going to the target area, a solution of local anesthetic and steroid is injected through the catheter (from the inside out) into the area of concern. Pictures are taken and the catheter is gently removed. The needle is removed and a band-aid is placed over the puncture site.

At the end of your procedure, the nurses will assist you in getting off of the injection table and back into your recliner. They will wheel you out of the procedure room and into the postoperative area where equipment will again be placed on you to monitor your heart rate and the amount of oxygen in your blood. In the recovery room the nurses will observe how you are doing. As soon as you are able to safely drink something a nurse will provide you with some juice. You will be observed until you are able to be alert and able to stand and walk. Then you will be discharged.

Generally speaking, after you leave the surgical center, we do not limit your activities significantly other than to tell you that you should not drive or operate heavy machinery. If you feel well and you want to go out to lunch or go shopping this is certainly reasonable. Many people however who have been suffering with terrible pain often like to go home to sleep since they are comfortable and will sleep well.

Prior to discharge you will be provided with an instruction sheet that will inform you of possible concerns after your injection. If you are frightened or think that you are having a reaction to the injection or medications, you should immediately call our office and speak with someone on staff who will assist you. In the event that you believe that there is a very serious side effect occurring, you should call 911 and get immediate care.

Although, you might feel significant improvement the day of the procedure because of the injection of local anesthetic, it is not uncommon for patients to re-experience their pain the next day, after the local anesthetic has worn off. Typically, the injections that are performed require a minimum of 3-5 days to actually work. For this reason we advise you to wait 3-5 days before you try to assess the effect of these injections. Our office should call you within 6-7 days after your procedure to inquire as to how you are doing and if you feel that the injections were helpful to you.

In the event that you feel that the injection has provided you with substantial benefit and that the benefit is still going on 1-2 weeks after the injection, then we may want to invite you back for another injection as it is clear that the injection helped you.

In the event, however, that an injection was performed and one week later you do not feel substantially improved, you should not return for a second injection. Instead, you should be evaluated in the office, as it is clear that the injection that we did was not helpful to you and it makes much more sense to evaluate you and see if there is not another injection that can be performed, in a different way that will be more helpful to you than the first.

