

## Cervical Epidural Steroid Injection (TFESI) Understanding Your Risks

This document outlines the potential complications associated with a **cervical transforaminal epidural steroid injection (TFESI)**. This is a minimally invasive, image-guided procedure in which a needle is carefully placed near a cervical spinal nerve through the neural foramen under fluoroscopic (X-ray) guidance. Medication, typically a corticosteroid and local anesthetic, is injected to reduce inflammation and relieve nerve-related pain. The usual purpose of this procedure is to **reduce pain, inflammation, and neurologic symptoms** caused by conditions such as cervical radiculopathy, disc herniation, foraminal stenosis, or degenerative disc disease. This procedure is often performed for diagnostic and/or therapeutic purposes and may provide temporary or long-term symptom relief.

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### **Risks:**

- **Temporary increase in pain or soreness at the injection site**
- **Vasovagal reaction** (lightheadedness, dizziness, fainting)
- **Allergic reaction to injected medications or contrast dye**
- **Infection** (superficial or deep, including epidural abscess or meningitis)
- **Bleeding or hematoma formation**
- **Dural puncture with cerebrospinal fluid leak** (with post-dural puncture headache)
- **Nerve irritation or injury** (including increased numbness, tingling, or weakness)
- **Spinal cord injury**
- **Stroke, paralysis, or death** (extremely rare but serious risks associated with cervical transforaminal injections)
- **Temporary systemic effects of steroids** (facial flushing, insomnia, mood changes, elevated blood sugar, fluid retention, blood pressure changes)
- **Failure to relieve symptoms or only temporary symptom relief**

**Risk Factors for Increased Complications:**

- **Cervical spine anatomy or severe foraminal stenosis**
- **Use of blood thinners or bleeding disorders**
- **Diabetes** (increased risk of transient blood sugar elevation)
- **Infection or compromised immune system**
- **Prior cervical spine surgery**

**Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with cervical Transforaminal Epidural Steroid Injection (TFESI) and all questions have been answered to the patient's satisfaction.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

