

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

This document outlines the potential complications associated with a **lumbar transforaminal epidural steroid injection (TFESI)**. This is a minimally invasive, image-guided procedure performed under fluoroscopic (X-ray) guidance. A needle is placed near a lumbar spinal nerve as it exits the spine through the neural foramen, and 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 lumbar radiculopathy, disc herniation, foraminal or lateral recess stenosis, and degenerative disc disease. This procedure may be performed for diagnostic and/or therapeutic purposes and may provide temporary or longer-term symptom relief.

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### Risks:

- **Temporary increase in back or leg pain following the injection**
- **Soreness or bruising 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 and post-dural puncture headache**
- **Nerve irritation or injury, including increased numbness, tingling, or weakness**
- **Temporary numbness or weakness in the treated extremity**
- **Failure to relieve symptoms or only temporary symptom relief**

- **Temporary systemic effects of steroids** (facial flushing, insomnia, mood changes, elevated blood sugar, fluid retention, blood pressure changes)
- **Spinal cord, cauda equina injury, or paralysis** (extremely rare)

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### **Risk Factors for Increased Complications:**

- **Use of blood thinners or bleeding disorders**
- **Diabetes** (increased risk of transient blood sugar elevation)
- **Prior lumbar spine surgery, altered anatomy, or deformity**

### **Patient Acknowledgment:**

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

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

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

