

INFORMATION ABOUT YOUR PROCEDURE INTRATHECAL OR EPIDURAL NARCOTIC TRIAL

How we do the procedure

An **intrathecal (intraspinal) or epidural narcotic trial** is done during a 2-3 day hospital stay. When you first come to the hospital, we will place a special catheter through a needle under x-ray (fluoroscopy) guidance into the intrathecal (spinal) or epidural space and then remove the needle leaving the catheter taped to your back. It will be used to deliver a small amount of narcotic, usually morphine, as a continuous infusion to see if it will take care of your pain. Because there is a small risk of sedation or respiratory depression (slowing the breathing rate), we need to have you in the hospital where we can monitor you during this process. Epidural infusions require larger amounts of medication to achieve the same effect, but avoid the risk of spinal headaches when the catheter is removed.

During the 2-3 days, we will adjust the amount of medicine you receive through the catheter and decrease the amount of pain medication that you take by mouth. If the trial is successful in reducing your pain by at least 50% and making you more functional or active, then we will discuss placing a permanent pump and catheter into you. The pump and catheter system are placed under the skin through small incisions (same day surgery). The Medtronic Synchronomed programmable pump is about the size of a hockey puck. It has an 18cc reservoir which means it has to be filled about every 8-12 weeks (most cases) using a small needle placed through the skin into the pump. It is FDA-approved for delivery of baclofen (Lioresol), a muscle relaxant for treating spasticity conditions, and morphine. We may occasionally use it to deliver other medicines. These "off label" medications include clonidine, a blood pressure medicine FDA-approved for epidural use for treating pain, local anesthetics such as bupivacaine, and other narcotics, such as fentanyl, sufentanil, dilaudid and others. There is a great deal of medical literature supporting the use and safety of these drugs in long-term spinal infusions, but FDA-approval has not been requested for their use in the pump.

What to expect

Occasionally with spinal catheters, patients will develop a spinal headache after the catheter is removed. This is usually treated simply by increasing fluid intake, especially caffeinated beverages, taking more of your pain medication, and lying down. Rarely, if the headache lasts for more than a few days or is quite severe, we will perform an epidural blood patch which is effective in over 95% of cases in immediately relieving the headache. If you develop any significant problems, please call us immediately so that we may recommend appropriate actions or go to the emergency room for evaluation.

Safety Precautions

You will be monitored in the hospital so that any side effects can be immediately treated.