

# ESI: It's How Some Patients Spell Back and Neck Pain Relief

*Interventional Pain Specialist Dr. Kaliq Chang with Atlantic Spine Center Says Steroid Injections Helpful; Offers Tips for Healthy Spine.*

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/EINPresswire.com/ -- [Epidural corticosteroid shots](#) can relieve excruciating long-term neck and back pain, help patients become functional again, improve quality of life, and in a lot of cases, they can reduce or eliminate pain indefinitely from spinal problems, according to interventional pain management specialist [Kaliq Chang](#) MD with [Atlantic Spine Center](#).

“Individuals who opt to receive these injections should make sure they are performed by a physician who is highly experienced in pain management, knows how to choose the best candidates for the procedure, and can maximize the safety and efficacy of the injections,” says Dr. Chang. He emphasizes that epidural steroid injections – ESIs – are not normally recommended until a patient has failed more conservative, nonsurgical measures to relieve pain, and says their effects do decline with time.



Dr. Kaliq Chang

Experts concur. In a 2021 article published on the National Library of Medicine website

[\(https://www.ncbi.nlm.nih.gov/books/NBK470189/\)](https://www.ncbi.nlm.nih.gov/books/NBK470189/)

Statistics indicate the number of ESIs performed in the United States tops nine million annually.

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*Dr. Kaliq Chang*

ESIs are generally used to relieve radicular pain – pain radiating to the legs from spinal nerves in the back and, less frequently, to the arms from nerves in the cervical spine – due to chronically irritated or inflamed nerve roots,

Dr. Chang says.

Common causes of such inflammation are herniation of one or more intervertebral discs and a narrowing of the spinal or cervical canal (stenosis) where the nerves exit. Both are conditions that can result in nerve compression. When a disc bulges or avulses, the tissue may press against and pinch a nerve. Similarly, deterioration of the spinal or cervical bones from age-related osteoarthritis or other disorders contributes to stenosis by causing disc collapse, thickening ligaments in the area, or prompting formation of bone spurs that can partially block the canals and impinge on nerves.

Fortunately, injecting anti-inflammatory corticosteroids, which are sometimes mixed with a local anesthetic, into the epidural space of the back or neck is a minimally invasive procedure, requiring only minutes to perform, Dr. Chang says. "Using fluoroscopy with contrast dye to guide needle placement and depth, the physician employs one of several techniques to insert the needle and deliver the medication to the proper location in the epidural space."

The epidural space surrounds the protective covering of the spine and contains blood vessels, connective tissue, and nerves. When injected, the corticosteroids block pain signals coming from irritated nerves, minimize the body's production of natural inflammatory substances, and suppress the chemicals that are released by damaged discs and that activate nerve fibers.

Patients with infections, malignancies, or bleeding disorders are not considered candidates for ESI. Additionally, "a physician may or may not proceed with an ESI if a patient has heart disease, uncontrolled diabetes, or osteoporosis," Dr. Chang says. He cites an opinion article in the *New England Journal of Medicine* ([www.nejm.org/doi/full/10.1056/NEJMp1511754](http://www.nejm.org/doi/full/10.1056/NEJMp1511754)), in which authors advise, "Patient selection may be the key to optimizing the efficacy of epidural glucocorticoid injection [for relieving neck and back pain], and we encourage the medical community to work to identify the types of patients who might benefit most."

But optimal patient selection and safety are just part of the equation. Epidural corticosteroid injections should be offered patients as part of a "multimodal strategy" that includes exercise, healthy body weight, smoking cessation, and other lifestyle factors, Dr. Chang emphasizes.

"ESIs are not magic bullets but can prove life-changing for the patient on a limited basis. They are second-line therapies offering temporary relief when more conservative measures like physical therapy, over-the-counter pain relievers, and muscle relaxants, do not fix the problem," Dr. Chang says.

Of course, the best insurance against pain is good spinal health. That is why Dr. Chang offers these tips for maintaining a healthy neck and back:

- Practice good posture when standing or sitting. Sit up straight. If standing for a long period, bend knees slightly and place one foot in front of the other.
- Exercise regularly, focusing on the core muscles in the abdomen and lower back.
- Use proper lifting techniques, especially when picking up heavy or clumsy objects.

- Wear shoes that support the spine and keep the body in alignment.
- Lose weight. Obesity puts undue stress on the spine because the extra abdominal pounds pull on it.
- Sleep on a firm enough mattress.

Most importantly, if spinal problems do develop, closely follow your physician's advice. An ESI may make you feel better however Dr. Chang says you can be active, but with caution. Your spine will thank you.

Atlantic Spine Center is a nationally recognized leader for endoscopic spine surgery and pain management with several locations in NJ and NYC. [www.atlanticspinecenter.com](http://www.atlanticspinecenter.com),

Kaliq Chang, MD, is an interventional pain management specialist at Atlantic Spine Center. He is board-certified in anesthesiology.

Melissa Chefec  
MCPR, LLC  
+1 203-968-6625  
[email us here](#)

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