

Patient information

Facet joint or sacro-iliac joint injections

What is a facet or sacro-iliac (SI) joint injection?

Facet or SI joint injections (blocks) are used to test whether pain is coming from the joints of the spine.

The human spine is made up of a number of bones stacked on top of each other, joined by ligaments and muscles. These bones are called the vertebrae. The little joints that link each vertebra together are known as the facet joints. They help stabilise the spine and allow movement.

Facet joints occur in pairs along the length of the spine. The ones that most often cause problems are in the neck (cervical facet joints) or the lower back (lumbar facet joints). There may be a problem with more than one set of joints due to wear and tear, injury, inflammation or previous disc problems. If inflammation of facets is causing pain, then this may, partly or fully, respond to an injection.

The sacroiliac joint is where the spine joins to the hips. Inflammation may occur due to a variety of reasons, causing pain just off the centre of the base of the spine. Inflammation of the SI joint or of the overlying ligament may also irritate the sciatic nerve as it exits the spine to travel down the leg.

A facet joint injection (also known as a 'medial branch block') is an injection of local anaesthetic and steroid either directly into the joint or to the path of the small nerve which supplies sensation to the joint. A sacro-iliac injection is an injection of local anaesthetic and steroid either into the joint itself or around the joint and ligament. It is usual to do several of these injections at one time. The injection will test whether the pain is actually arising from the joint or nerve itself, and whether the pain would respond to a longer-lasting procedure to stun the nerve supplying the joint.

It is very important that you inform the Pain Clinic if you are taking drugs to thin your blood, for example Warfarin, Clopidogrel, Rivaroxiban, Apixaban and Dabigatran. The doctor will then provide guidance as to whether there

is a need to temporarily stop any blood thinning drug.

The day of treatment

On arrival please hand in your completed questionnaire. **Please bring in your current medication for pain relief.** You will then be asked to put on a theatre gown and your blood pressure and pulse will be recorded. The doctor will discuss the procedure and you will be asked to sign a consent form.

The procedure will be carried out under X-ray screening as this allows the doctor to identify the specific level of facet joints to be treated.

If your neck is being treated, you will normally be lying on your side. If your low back is being treated, you will be lying face down on the X-ray table and the doctor will clean your back with a cold antiseptic fluid. Needles are then inserted under X-ray control into the correct position. You may feel a pushing sensation and some discomfort at this stage.

Once the needles are in the correct position, local anaesthetic will be injected. A feeling of tightness may be felt. You should let the doctor know if you feel pain.

Following your injection

After the procedure you will be taken to the recovery area and light refreshment will be offered to you.

Please ensure that you have arranged for someone to collect you after the procedure.

Benefits

About 70% of patients will get very good or excellent pain relief from the procedure. Although facet and sacro-iliac joint blocks alone will not provide long-term relief of symptoms they can be helpful to your doctor in deciding whether to offer you a joint denervation. This is a procedure that may carry a better long-term prognosis in regard to pain relief.

Risks

Normally there is increased pain for two or three days followed by possible relief. Occasionally the aggravation in pain can go on for longer. The local anaesthetic and steroid used may cause headaches for a few days and a temporary increase in weight.

Unfortunately, no procedure is risk free. Short-term side effects of any procedure may include commonly, pain at the site of injection, increase in pain generally and far less commonly infection, bruising, bleeding and injury of body structures with the injection procedure. Very rarely, the local anaesthetic may spread causing some numbness in your legs, buttocks and other areas. This is temporary and will resolve.

Although long-term side effects and complications including increase in pain are uncommon the possibility cannot be excluded. Other long-term problems may include permanent neurological problems such as numbness or weakness. The risk of this is approximately 1:200.000 to 1:500.000.

Please ask your doctor if you are concerned about side effects.

What to expect afterwards

Some people find that they get relief from their pain but after few weeks or months this wears off. Others may experience complete relief however there is a chance that the pain will either not improve, change or will get worse. If you are taking painkillers or other medication for pain, please to not stop them suddenly. You should gradually reduce your pain medication as you feel better.

During the pain-relief period, you should try to gently increase your exercise. Simple things like a daily walk, using an exercise bike or swimming will help to increase your muscle tone and strengthen your back. The best way is to increase your activity slowly. Try not to overdo things on good days, or you might end up paying for it with pain the following day.

It will help you and your doctor if you keep a symptom diary after your injections to let them know how you got on after the injection, how long the pain relief lasted and whether you were able to decrease the amount of painkillers you used.

A letter will be sent to your GP and we will make contact via a questionnaire to assess response from the injections and to make plans for follow up.

Points to remember

- **For morning procedures:** Nothing to eat after midnight prior to treatment (no sweets or chewing gum), water only until 7.00am
- **For afternoon procedures:** Nothing to eat after 7.00am (no sweets or chewing gum), water only until 11.00am

Pre-procedure advice regarding Diabetes

- If you are **Type 1 Insulin controlled** diabetic or **Type 2 tablet and Insulin controlled** diabetic contact your diabetic provider (GP or diabetic nurse) for advice on how to manage your diabetic medication prior to your intervention/injection
- If you are **Type 2 tablet controlled** diabetic please contact the Pain Service 01284 712528 for advice on how to manage your diabetic medication prior to your intervention/injection.
- Please bring your glasses if you need them for reading.
- Always bring a list of all current medication (tablets) and your current pain control medications on the day.
- Continue taking all your regular medication on treatment day.
- If there is any possibility that you may be pregnant, please inform a member of the nursing team.
- Your stay may be between 1 - 4 hour

Additional information

The information in this leaflet is not intended to replace your doctor's advice. If you require more information or have any questions, please speak to your doctor or contact one of the following:

Pain clinic Tel: 01284 713330

Waiting list enquiries Tel: 01284 712980

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo) <https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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