

# Facet joint injections and medial branch block

## Pain Management

### Patient Information Leaflet

#### Introduction

Welcome to The Dudley Group NHS Foundation Trust. This leaflet will provide you and your relatives with information about facet joint injections and medial branch nerve block.

#### What is a facet joint injection?

It is an injection of local anaesthetic (with or without steroid) either directly into a joint or around a joint in your spine. The aim of this injection is to numb the facet joints and nerves to block the pain, and it is common to do several of these injections at the same time.

Facet joints are small joints that link each vertebra in the spine together to provide stability and help guide movement. These joints can become painful due to arthritis (wear and tear) of the spine, inflammation, back injury, bad posture or previous disc problems. Facet joints occur in pairs along the length of your spine in the cervical (neck), thoracic (upper back) or lumbar (lower back) areas.

Problems are usually caused by the lumbar and cervical joints. Arthritis of the lumbar facets can cause back pain and this pain, numbness or 'pins and needles' often spreads to the legs.

Problems with cervical facets can cause neck pain, headaches, shoulder and shoulder blade pain and this pain, numbness or 'pins and needles' often spreads to hands and arms.

Facet joint injections can also help with diagnosing what the problem is as any pain relief noticed by the patient will help confirm or rule out that specific joint as a source of pain. If a lot of pain relief is achieved, it means those joints are likely to be the source of pain.

## **What is a medial branch block (MBB)?**

It is an injection of local anaesthetic (with or without steroid) to the nerve supplying one specific facet joint. It is used to diagnose which specific nerves are causing problems. Sometimes it can be followed up with a procedure that partially deadens the nerve to provide longer-lasting pain relief.

## **What are the benefits of these injections?**

The local anaesthetic numbs the nerves in the short term. The steroid reduces inflammation which can often provide long term pain relief.

Initially, for the first few days, you may experience a worsening of your pain but after this you should notice the pain relief. The injections can relieve the pain for a few weeks or months and any recurring pain may not be as severe as before, but everyone experiences the effects in a different way.

Steroids have been used for decades for their beneficial effects. Although steroids are not licensed for this specific procedure, their use is endorsed by the British Pain Society. The steroids we use act locally and so minimise any side effects.

## **What are the risks and complications?**

Overall steroid injections are very safe and serious side effects or complications are rare. However, like all injection procedures there are some risks:

## Common risks

- Bruise and tenderness at the site of injection.
- An increase in your pain – this should only last a few days.
- You may develop temporary weakness in your legs.
- Numbness in your arms and/or legs.
- Headache.
- Nausea.
- ‘Pins and needles’ feelings in your arms and/or legs.

## Rare risks

- Bleeding in the area where the joints are injected.
- Infection at the injection site.
- A prolonged increase in pain after the procedure.
- Anaphylaxis – severe allergic reaction to drugs.
- Nerve injury either temporary or permanent.
- Shooting pains like electric shocks.
- Collapse.

If you experience any of these rare risks, please contact the Pain Management Helpline on 01384 244735, your GP or in an emergency, dial 999.

## Steroid-related issues

Compared to regular steroid use, the steroid injection used for pain procedures is associated with minimal side effects, however:

- Diabetic patients – may experience a slight rise in blood sugar for up to two weeks so you should monitor your blood sugar very carefully. Contact your GP or diabetic nurse if you have any problems.
- Heart failure patients – may experience increased shortness of breath due to salt and water retention. Contact your GP or nurse if you have any problems.

### **X-ray precautions:**

- The procedures use X-rays and these use a small amount of radiation which may add slightly to the normal risk of cancer.

**Female patients – you must tell us if you are or might be pregnant. If you are not sure, we will offer you a pregnancy test.**

### **What alternatives are there?**

You do not have to have these injections and your consultant will discuss alternative treatments with you appropriate to your condition. If you prefer, you can continue to take painkilling medication without having any other treatment.

### **How do I need to prepare for the procedures?**

- You should not eat for six hours before the procedure but you can drink clear fluids up until two hours before procedure. Clear fluids include water and diluted squash. Do not drink fruit juices, tea, coffee or milk.

**The exception to this information is if you are diabetic. If so, please eat and drink as normal and take your diabetic medication/insulin.**

- Your treatment will be at Russells Hall Hospital or Corbett Outpatient Centre as an outpatient in the Day Surgery Unit (either a morning or an afternoon appointment). This will be confirmed at your clinic appointment.
- You will be at hospital for between two to four hours.
- You will need to arrange for someone to drive you home afterwards.
- Please arrange to have someone with you overnight.

- Please note that if you have sedation during the procedure:
  - You should not drive or operate machinery for 24 hours afterwards.
  - You may not be able to co-operate during the procedure.
  - You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
  - The effect of the sedation may be prolonged by other drugs you are taking.

## What do I do about medication?

You should take all your regular medications **except blood thinning medication**. These include clopidogrel, warfarin, dipyridamole and rivaroxaban. We will give you instructions about what to do about these drugs when we give you your appointment for the injection.

**Please bring a repeat prescription document with you if you are taking any regular medications.**

## What does the procedure involve?

### Before the procedure

- A doctor will discuss the procedure with you and ask you to sign a consent form if you are happy to have the injection.

### During the procedure

- It is carried out in theatre while you are awake.
- You may be offered sedation, through an injection into the back of your hand, to help you to relax.
- You will lie on your stomach with a pillow under your pelvis. We will clean your back or neck area with an antiseptic solution which may feel cold. We will place sterile sheets around the area for your injection.
- We will inject a local anaesthetic into your back or neck to numb the area.

- An X-ray will be used to ensure proper positioning and we may also use an ultrasound for guidance.
- The site will be injected with local anaesthetic (and sometimes a steroid). You may feel some pressure and pushing whilst this procedure is being carried out but you should have no pain. If you do feel any discomfort, please tell a member of the theatre team.
- Once completed, we will place a plaster over the injection site. You will then be taken to the recovery area.

### After the procedure

- In the recovery area, we will observe you for 30 minutes as you might feel a little drowsy and sleepy.
- We will also offer you light refreshments and after this you can go home.

### What do I need to do when I go home?

When you get home, please continue to take any regular medication. It may be necessary for you to take painkillers for a day or two. You might need someone at home to help you but you do not have to stay in bed. You can remove the plaster the next day.

You should gradually increase your level of activity. However, **do not** take up new exercises until your muscles have had time to adapt. Build up by your exercise levels by increasing your physical activity (for example, walking, swimming, housework) gradually every few days. The eventual aim is to get back to a level of activity that is normal for you.

By gradually increasing your physical activity, you will allow your back muscles to regain some of their lost strength and help them support your spine. If you do not strengthen your back muscles, any benefit from the injections will be very short term, as the injection is not a cure in itself, it just relieves pain.

## What happens after having the injection?

Some patients will experience immediate pain relief. However, if you have had steroid, it usually takes 24 to 72 hours for the effects of this medication to take effect. It may be up to one week before you feel the maximum benefits. Very often, more than one injection is necessary to achieve a good level of pain relief.

Some patients will experience mild pain from the procedure that will ease in a very short amount of time. On rare occasions, patients have experienced a prolonged increase in pain after the procedure. As your pain can also be originating from other areas of your back such as discs, ligaments or muscles, it will be difficult to achieve complete pain relief.

How you respond to the injection will be monitored by you on a pain monitoring chart which we will give you to take home. Your further treatment plans will be based on this.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The clinical nurse specialists on the Pain Management helpline:  
01384 244735 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/pain-management/patient-information-leaflets/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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