

Facet and Medial Branch Blocks

Patient Information Sheet

1. What is a facet block or medial branch block?

A facet block is an injection of local anesthetic and steroid into a joint in the spine. A medial branch block is similar but the medication is placed outside the joint space near the nerve that supplies the joint called the medial branch (steroid may or may not be used). You may require multiple injections depending upon how many joints are involved.

Facet blocks and medial branch blocks are typically ordered for patients who have pain primarily in their back coming from arthritic changes in the facet joints or mechanical low back pain.

A face block of medial branch block may be therapeutic and/or diagnostic. One of three things may happen.

1. The pain does not go away – which means the pain is probably not coming from the blocked facet joints – this had diagnostic value.
2. The pain goes away and stays away for a few hours but the original pain comes back and doesn't get better again. This would mean the block was also of diagnostic value – the pain is probably coming from the joints, but the steroid was not of benefit.
3. The pain goes away after the block. The pain may come back later that day, but then the pain gets better again over the next few days. This means that the block was of therapeutic value – the steroid had a long lasting effect on the pain.

If you get good, lasting benefit from the injections, the block may be repeated. If you get good short-term benefit another procedure (radiofrequency lesioning) may be done which may last months to years.

Note: The procedure can not be performed if you have an active infection, flu, cold, fever, very high blood pressure, or if you are on blood thinners. Please make your doctor aware of any of these conditions. *This is for your safety!*

2. What are the risks of the procedure?

As with most procedures there is a remote risk of bleeding, infection, nerve injury, or allergic reaction to the medications used.

Some short-term side effects may occur. If local anesthetic spreads to nearby nerves you may have weakness or numbness that can last for several hours. If this happens you may have to stay at the Murphy Pain Center until this resolves. You may have increased pain for a few days after the injection, including localized pain at the injection site. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1-2 weeks.

3. Will the injection hurt a lot?

Most people say the stinging/burning of the numbing medicine is the most uncomfortable part of the procedure though every person's response to any procedure is different.

4. What happens during the actual procedure?

After signing a consent form and checking your blood pressure the procedure will be done in the fluoroscopy (x-ray) room with you lying on the stomach. The back is then cleansed with an antiseptic soap and the area is draped. Using x-ray guidance, needles are then advanced to the appropriate locations (the joints or the medial branch). Once the needles are in the proper location local anesthetic, with or without steroid, is injected through the needles and the needles are removed. Your skin will be cleansed and bandages will be applied. (The bandages can be removed when you get home). Your vital signs will be checked. You will be escorted to the recovery area where you will be offered something to eat and drink. You will be monitored in the recovery area for 15 minutes. Your pain level will be re-assessed prior to you leaving. You will then be discharged to leave with your ride.

Should your injections be performed in the hospital, your recovery and discharge will be per hospital protocol.

5. How will I feel after the injection?

Your back pain may be improved immediately after the injection from the local anesthetic. It is important to keep track of how you feel for the remainder of the day. The steroid, when used, takes two or three days to have an effect in most people and peaks in about two weeks.

Some local tenderness may be experienced for a couple of days after the injection. You will be given instructions on the use of ice and heat at your discharge to help minimize this discomfort. You may take your usual pain medications as well after the injection.

It is important that you keep track of the amount of pain relief you received as well as how long the pain relief lasted.

6. Will I have any restrictions on the day of the procedure?

Do not eat or drink for 6 hours prior to the procedure. You may take your medications for blood pressure or heart with a sip of water. You may also take your pain medication with a sip of water if you are able to tolerate it on an empty stomach. **If you are DIABETIC or take BLOOD THINNERS, you will need to contact the office prior to your procedure** for instructions, unless you received instructions when you scheduled the appointment. Be aware that some types of blood thinners must be stopped several days prior to your injection which will require the approval of your prescribing physician.

You may not drive for the remainder of the day after your procedure. An adult must be present to drive you home or to go with you in a taxi or on public transportation. **The procedure will be canceled if you don't have a responsible adult with you!!! This is for your safety.**

No heat is to be used in the injected area for the remainder of the day.

No tub bath or soaking in water (i.e. pool, jacuzzi, etc.) for the remainder of the day.

You may return to eating and drinking as usual after your procedure.

7. For what reasons should I call the Murphy Pain Center after the injection?

If you experience severe back pain, new numbness or weakness of your legs, loss of control of your bowels or bladder, or signs of infection in the area of the injection, you should call the Murphy Pain Center right away at 502-736-3636.