

Spinal Joint Injection Therapy

- Facet Joint Injections
- Sacro-iliac joint injections
- Posterior ramus medial branch blocks
(nerve to the facet joint)
- Coccygeal injections

Information for patients, relatives and carers

① For more information, please contact:

The Pain Management Clinic

Tel: 01904 725395 or 725396

The York Hospital, Wigginton Road, York, YO31 8HE

Caring with pride

What is spinal joint injection therapy?

Some of your back pain may be coming from the joints between the vertebrae in your spine (facet joints), the joints between your spine and pelvis (sacro-iliac joint) or the joints between the sacrum and coccyx (tail bone).

The injection is diagnostic in as much as allowing us to see how much pain relief we can achieve by anaesthetising the joint.

The injection may be therapeutic, giving relief of pain in the area for a few weeks after the injection. It is unlikely to cure your pain. The aim is to settle the pain down and to see if you can improve the function of the affected area.

The injection will either be placed directly into the joint or it will be placed onto the nerve that supplies the joint with sensation.

The injection is a mixture of local anaesthetic called L-Bupivacaine and steroid.

If you get good but short term relief of your pain with the injection, a further procedure may be offered that can give you relief of your pain for much longer.

What does the procedure involve?

Most spinal injections are done under x-ray to enable the doctor to see the joints in your spine. Ultrasound can also be used to help with needle placement and sometimes the injection is done by feeling the area to inject. Procedures take about 30 minutes to do. You may be in the Day Unit for up to four hours.

You will be asked to change into a theatre gown, following which you will be taken from the Day Unit to an operating theatre where you will lie on a trolley or operating table. The skin in your back will be cleaned with an antiseptic solution and injected with local anaesthetic before you have your spinal injections. The procedure can still be painful as the injections are being given into a sore area.

What happens afterwards?

The area injected may be sore afterwards. You can take your usual painkillers for this.

The effect of the injections varies from person to person. Some patients feel no benefit from the injections. Others find that their pain settles down and that they are able to manage normally.

After the anaesthetic wears off and if the injections are going to be effective, they may take a few days to work. You should continue with your usual activities.

If you feel some benefit, you can gradually increase your level of activity. If you feel no benefit, continue with your pain killers.

Most patients are reviewed by the pain clinic to assess the effectiveness of the spinal joint injections. An appointment will be sent to you and further management will be discussed with you when you are seen in the clinic.

Anticoagulant medication

You should tell us if you are taking any blood thinning medication such as Warfarin, Clopidogrel and other anticoagulant medications. These may need to be stopped before the procedure.

What are the risks from the injections?

These injections are unlikely to do you any harm. The following are common consequences of the injection (one in 10) chance:

- Bruising in the skin or soft tissues underneath.
- They may not reduce your pain
- An increase in pain for a short while

There is a rare (less than one in a 1000) chance of serious harm that would include:

- Damage to the nerve that we are trying to treat
- Infection in the area that was injected (nerve or joint)
- Severe bleeding around the area that was injected
- Pneumothorax (collapsed lung) if the injection is around the chest wall
- Perforation of intra-abdominal organs (bowel) if the injection was in the coccyx area
- Risk of a fit or convulsion if the injection was in the neck region
- Problems related to the use of steroid
- Drug allergy reaction to the local anaesthetic

These complications are all treatable but in the rare event that they were to occur you could be very unwell with any one of them and may need to be admitted to hospital for further treatment.

Risk of x-ray

There is a very small risk from the x-rays used to guide the procedure. The dose of radiation you receive for the procedure is approximately 0.5 mSv. This is about the same dose as you would receive from natural background radiation living in the UK for three months. This radiation dose gives a risk of fatal cancer of one in 40,000. This is the same as the average risk of death by an accident at work. You should not have x-rays if you are pregnant or at risk of being pregnant.

What are the risks of having steroids?

Steroids can reduce the body's normal reaction to infection and may mask any signs of infection. Some diabetic patients find that their blood sugar level rises and is more difficult to treat for a couple of weeks after the injections.

Steroids can interfere with the development of a foetus. You should not have these injections if there is any chance that you may be pregnant.

A full list of all recorded side effects for the steroid we use is contained in the patient information leaflet which is available on the Day surgery Unit.

Your questions

Please ask the nurse or doctor if you have any questions when you come to the Day Unit for your injection.

If you have concerns after your injection which are not answered by this leaflet, please contact your GP for urgent serious problems.

A message can be left for your consultant at the hospital.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Dr PA Hall, Consultant Anaesthetist, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 725505.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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