

Having a diagnostic medial branch block injection for back pain

Pain Management

Information for Patients

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What is medial branch block injection?

Medial branch is a nerve that supplies the facet joints. Facet joints are found between each of the spinal bones. They let the spine to move. The medial branch are nerves that send messages from the joints to the brain.

It can be blocked with local anaesthetic in the neck, upper back, mid-back or low back areas.

When do we do medial branch block injections?

These injections are done when someone has pain from facet joints due to injury, inflammation and wear-and-tear changes in them. This injection helps us to find out if the facet joints are the cause of the pain. It is a diagnostic block.

What drug is used?

We use local anaesthetic (Lidocaine or Levo-bupivacaine) to break the pain cycle at the site of pain.

How do I prepare for the injection?

- This is a day case treatment
- You can drink water up to 2 hours before the start of your procedure. You must not eat food for 6 hours before the procedure.
- Take your regularly prescribed medicines on the day of treatment unless told differently. If you are a diabetic, your doctor would have advised you about the medicines.

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- Arrange for someone to drive you home after the treatment. Do not drive for at least 24 hours.
- Someone must stay with you overnight.
- You will be expected to stay in the hospital for 4 to 5 hours in total.

What happens before the procedure is done?

The procedure is done as a day case. You will be given a date and time to come for the injection. You will sign a consent form on the day.

You will be asked to change into a theatre gown dress before going to the theatre, where the procedure is done.

Important information before having the procedure

You must let us know if you

- are taking any blood thinning medicines (warfarin, clopidogrel, apixaban, dabigatran, prasugrel, dipyridamol) when you are due to have the injections in the clinic. This will affect how and when your procedure is done
- think you are pregnant
- have an infection at the site
- are diabetic.
- have **epilepsy or Parkinson's disease** (It is very important to keep on taking the medicines for these if you are on them)
- have a **pacemaker**

What happens on the day?

How do we do it?

- You will lie on your front for 15 to 20 minutes.
- We will clean the site with anti-septic.
- A X-ray machine take a picture of the spine where we are inserting the needle. This machine will be focusing on your back. A member of staff called radiographer operates the machine.
- The skin will be numbed by a local anaesthetic.
- We use X-ray to confirm the position of the needle.
- When the needle is the correct place, you will have the local anaesthetic injected.
- You may have some discomfort in your neck, back or legs. This depends on the area being treated.

- We check your heart rate and oxygen levels by a monitor while the drug is injected. They will continue to be checked after the procedure.

After the injection

- You may have some discomfort in your neck, back and legs. We will check you in recovery. Once you have recovered and are able to walk you can leave the hospital. You usually stay for 15 to 30 minutes. It might be longer if you feel that your legs are weak.
- We advise you not to drive for 24 hours after the injection.
- A responsible person must be with you when you leave the hospital. They must stay with you for the first night.

What are the side effects and other potential complications?

- Infection, bleeding, bruising, some discomfort at injection site, flare up pain.
- Drop in blood pressure. This can be treated with fluids given through a drip or medicines, if needed.
- Local anaesthetic toxicity: If local anaesthetic is accidentally injected into your blood vessel it can lead to fits (convulsions), drop in blood pressure and altered heart rhythm. This can result in difficulty breathing. This is very rare.
- Nerve damage: usually temporary and rare.
- Failure of the injection. In rare cases, the injection may not work to ease your pain. The injection is not a cure but aims at easing your pain.

Please note: No procedure is risk free.

Serious complications such as long term major nerve damage, paralysis or possible death are very, very rare with a probable risk of 1 in 10,000 or less.

What happens next?

If the injection helps with your pain, there is another procedure we can do. Radiofrequency uses electric current to block the nerve. It can help for 9 to 12 months.

Follow up

A clinical nurse specialist will phone you in about 6 months after your steroid injection.

If there is any more information you need, please ask your pain doctor or nurse.

If the medial branch block with local anaesthetic is successful, we will book you in for a radio-frequency procedure (see above).

Contact details

Pain administrative team: 0116 258 4471 or 258 8253

Monday to Friday 9am to 4pm. There is an answerphone. We will call you back within 48 hours if you leave a message.

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Previous reference:

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