



Pain Specialists
of Charleston, P.A.

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Cervical, Thoracic and Lumbar Facet (Medial Branch Nerve Block) Joint Injection

What are the facet joints and why are facet joint injections helpful?

Cervical facet joints are small joints located in pairs on the back side of your neck whereas thoracic facet joints are in your mid-back and the lumbar facet joints are in your lower back. These joints provide stability and guide motion in your spine. If the joints become painful due to arthritis, injury or mechanical stress they can cause pain in various areas. Facet joints are innervated by very small nerves called “**medial branch**” that allow one to feel pain from the facet joints. The cervical facet joints can cause pain in your head, neck, shoulder or arm whereas the thoracic facet joints can cause pain in your mid-back, chest and on rare occasion your arm. The lumbar facet joints can cause pain in your lower back, hip, buttock or leg.

We have strong evidence to suspect that your facet joints are the source of your pain. A facet joint injection serves several purposes. First, by placing numbing medicine into the joint, the amount of immediate pain relief you experience will help diagnose the joint as a source of your pain. That is, if you obtain relief of your main pain while the facet joints are numb, then these joints are likely your pain source. Furthermore, time-release cortisone will be injected into these joints to reduce any presumed inflammation, which can, on many occasions, provide long-term pain relief. Additionally, you may benefit from having the small medial branch nerves and their pain signals interrupted via a controlled non-surgical heat lesion produced by a special needle. Before interrupting these nerves and their pain signals we first block the medial branch nerve signals with numbing medicine as a test as stated above. This tells us whether or not you are likely to benefit from having the medial branch nerves interrupted at a later date by the special radio-frequency (RF) needle. This more permanent treatment is called radio frequency medial branch neurotomy or radio frequency ablation. The procedure’s goal is to block pain signals to the brain.

What will happen to me during the procedure?

An IV will be started so that adequate relaxation medication can be given, if needed. After lying on an x-ray table, the skin over the area of the spine treated will be well cleansed. Next, the physician will numb a small area of skin with numbing medicine (anesthetic) which stings for a few seconds. Next, the physician will use x-ray guidance to direct a very small needle into the joint. He will then inject several drops of contrast dye to confirm that the medicine only goes into the joint. A small mixture of numbing medicine (anesthetic) and anti-inflammatory cortisone will then be slowly injected.

What should I do after the procedure?

20-30 minutes after the procedure you will move your area of usual discomfort to try to provoke your usual pain. You may or may not feel improvement in the first few hours after the injection depending upon if the joints that were injected are your main pain source.

On occasion, the part of your spine that was treated may feel slightly weak for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medicine wears off before the cortisone becomes effective. Ice will typically be more helpful than heat in the first 2-3 days after the injection. You may begin to notice an improvement in your pain 2-5 days after the injection. If you do not notice improvement within 10 days after the injection, it is unlikely to occur. You may take your regular medications after the procedure, but try to limit any pain medications for the first 4-6 hours after the procedure. This will ensure that the diagnostic information obtained from the procedure is accurate. You may be referred for physical therapy after the injection while the numbing medicine is effective and/or over the several weeks while the cortisone is working.

On the day of the injection you should not drive and should avoid any strenuous activities. On the day after the procedure you may return to your regular activities. When your pain is improved, slowly resume your regular exercise routine. Even if you are significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain.

What steps follow after your first (diagnostic) Facet joint injection?

If we have found the source of your pain, the procedure will be repeated one more time to confirm (called a “**Confirmatory**” facet joint injection) correct nerve identification. After the confirmatory procedure, you will be scheduled to have the permanent treatment for facet joint generated back pain. This procedure is called **Radio Frequency Medial Branch Neurotomy or Radio Frequency Ablation, (RFA)** as discussed briefly above.

The RFA procedure is much the same as the diagnostic and confirmatory facet joint injections except we use a specialized machine, needles and probes to heat the affected medial branch nerve. The heating of nerve results in pain relief for you from approximately six months to two years with the average pain free period being about 290 days or nine to ten months.

Please feel free to discuss any questions or concerns with your physician or nursing staff at Pain Specialists of Charleston, P.A.

