

Facet Joint Injection

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

Facet joints are small joints of the neck and spine that provide stability and help guide motion to your body. They are found in the neck (cervical), upper back (thoracic) and/or lower back (lumbar) and they can become painful as a result of arthritis, injury or mechanical stress.

Two nerves called “medial branches” supply each facet joint. These nerves carry pain signals to the spinal cord and these signals will eventually reach the brain. 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.

Facet joint injection typically serves two purposes:

- **Diagnostic:** By placing numbing medicine into the facet joint, the amount of immediate pain relief experienced by the patient will help determine if the facet joint is a source of pain. If complete pain relief is achieved while the facet joint is numb, it means that joint is likely a source of pain.
- **Pain relief :** Along with the numbing medication, a facet joint injection also includes injecting time-release steroid (cortisone) into the facet joint to reduce inflammation, which can sometimes provide longer-term pain relief.

In addition to diagnostic and pain relief purposes, facet joint injections also benefit the patient by temporarily blocking pain signals from the small medial branch nerves. 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 (RFA).

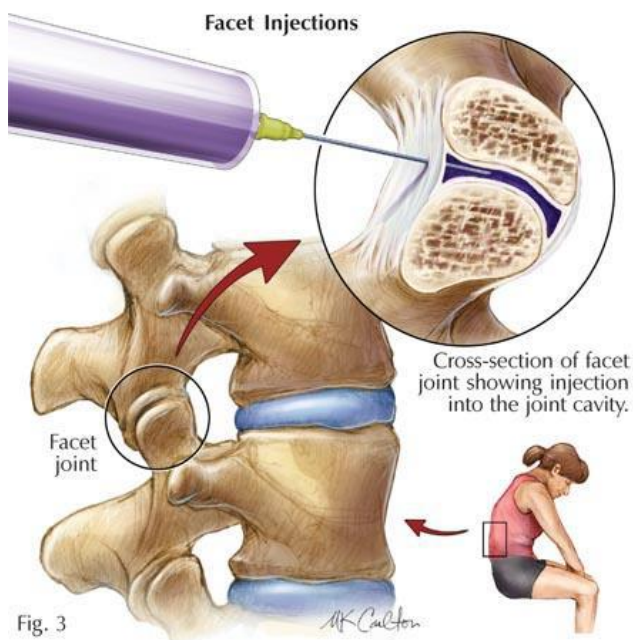


Fig. 3

2. What will happen to me during the procedure?

When you enter the clinic, you will be taken into an admission room where a nurse will check your vitals. Please wear loose-fitting clothing and note that you may be asked to change into a hospital gown. After your vitals are taken, an IV will be placed so that you can receive sedation during the procedure. Once you have been escorted to the procedure room, our nursing staff will then position you on narrow table. The site of the procedure will be cleaned with iodine and sterilely draped. Once sterilized, the physician will numb your skin with a small needle – the numbing process may sting. Do your best to lay still and let us know if we are causing you discomfort.

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.



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3. What should I do and expect 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.

4. 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.

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If you have questions about this procedure, please see a member of our clinical team.

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