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A PATIENTS GUIDE TO: **FACET JOINT INJECTIONS**

Facet Joint Injection

Thoracic Facet Injections

Two facet joints connect each vertebra in the spine, one on each side of the spine. Arthritic changes in the facet joints in the mid-back caused by irritation of the small nerve branches that communicate pain from the facet joints in the thoracic (mid-back) area. Injecting a small amount of local anesthetic (numbing medicine) and steroid (anti-inflammatory medicine) near the specific nerve being tested performs the Thoracic Facet Injection. Blocking these nerves stops the transmission of pain signals from the joints to the brain. An x-ray is used to help place the needle into the facet joint, then to verify correct placement of the needle contrast dye is injected into the joint.

Lumbar Facet Injection

Two facet joints connect each vertebra in the spine, one on each side of the spine. Arthritic changes in the facet joints in the low back is caused by irritation of the small nerve branches that communicate pain from the facet joints in the lumbar (low back) area. Injecting a small amount of local anesthetic (numbing medicine) and steroid (anti-inflammatory medicine) near the specific nerve being tested performs the Lumbar Facet Injection. Blocking these nerves stops the transmission of pain signals from the joints to the brain. An x-ray is used to help place the needle into the facet joint, then to verify correct placement of the needle contrast dye is injected into the joint.

Cervical Facet Injection

Two facet joints connect each vertebra in the spine, one on each side of the spine. Arthritic changes in the facet joints in the neck causes irritation of the small nerve branches that communicate pain from the facet joints in the neck area. Injecting a small amount of local anesthetic (numbing medicine) and steroid (anti-inflammatory medicine) near the specific nerve being tested performs the Cervical Facet Injection. Blocking these nerves stops the transmission of pain signals from the joints to the brain. An x-ray is used to help place the needle into the facet joint, then to verify correct placement of the needle contrast dye is injected into the joint.

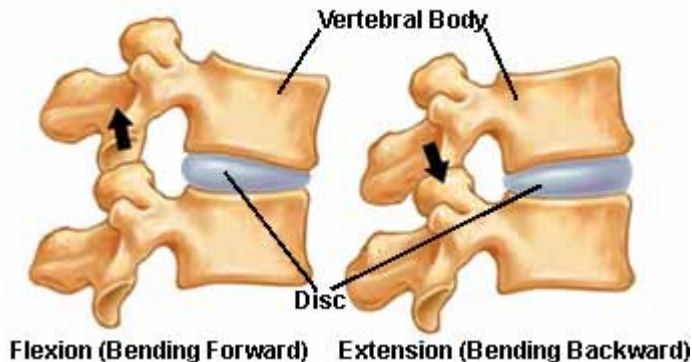
Spinal Injections

With most spinal injections, a local anesthetic called Lidocaine (also known as Xylocaine®) is used to numb the injection site. A steroid medication called a corticosteroid is also commonly injected along with the anesthetic in order to reduce inflammation in the affected areas.

Facet Joint Injection

When back pain originates from the facet joints (located in each side of the vertebrae), a specific type of injection called a facet joint injection may reduce inflammation and provide pain relief. Doctors use fluoroscopy to ensure the needle is correctly placed before the medicines are injected. Fluoroscopy is a special type of x-ray used to project live images onto a monitor (TV screen).

Facet Joints in Motion



In treatment of low back problems, facet joint injections involve the injection of local anesthetics and/or corticosteroids into or around facet joints of the lumbar spine, with needle placement aided by fluoroscopy. The theoretical basis is that some patients with low back problems have a "facet syndrome" with pain arising from facet joints. The facet syndrome reportedly involves patients with primarily low back pain (unilateral or bilateral) and no root tension signs or neurologic deficits, the pain usually being aggravated by extension of the spine. The therapeutic objective of facet joint injections is temporary relief from motion-limiting pain so the patient may proceed into an appropriate exercise program.

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

Cervical facet joints are small joints about the size of the thumb nails located in pairs on the back of the neck. They provide stability and guide motion in the neck. If the joints become painful they may cause pain in the head, neck, shoulders, down between the shoulder blades or in the arms.

A facet joint injection serves several purposes. First, by placing numbing medicine into the joint, the amount of immediate pain relief experienced will help confirm or deny the joint as a source of pain. Additionally, the temporary relief of the numbing medicine may better allow a chiropractor or physical therapist to treat that joint. Also, time release cortisone (steroid) will help to reduce any inflammation that may exist within the joint.

What happens during the procedure?

An IV may be started. The patient is placed on the X-ray table and positioned in such a way that the physician can best visualize these joints in the neck using x-ray guidance. The skin on the back and side of the neck is scrubbed using sterile scrub (soap). Next, the physician numbs a small area of skin with numbing medicine. This medicine may sting for a few seconds. After the numbing medicine has been given time to be effective, the physician directs a very small needle, using x-ray guidance into the joint. A small amount of contrast (dye) is injected to insure proper needle position inside the joint space. Then, a small mixture of numbing medicine (anesthetic) and anti-inflammatory (steroid) is injected. One or several joints may be injected depending on location of the patient's usual pain.

What happens after the procedure?

Immediately after the procedure, the patient will move their neck, shoulders and arms around and try to imitate something that would normally bring about their usual pain. Patients then may be asked to report the percentage of pain relief and record the relief experienced during the next week. The arm(s) may feel weak or numb for a few hours. The patient may be referred to a chiropractor or physical therapist immediately after the injection(s) while the numbing medicine is still working for manipulation or massage.

General Pre/Post Instructions

Patients can eat a light meal within a few hours before the procedure. If a patient is an insulin dependent diabetic, they must not change their normal eating pattern prior to the procedure. Patients may take their routine medications. (i.e. high blood pressure and diabetic medications). Patients may take all of their usual medications prior to the procedure. They may contact OSC nurses if they have any questions regarding their particular medications.

PLEASE NOTIFY THE PHYSICIAN IMMEDIATELY IF YOU HAVE A HISTORY OF A BLEEDING DISORDER OR IF YOU TAKE BLOOD THINNERS (COUMADIN, ASPIRIN, etc.)

PLEASE NOTIFY THE PHYSICIAN IMMEDIATELY IF YOU HAVE AN ALLERGY TO IV DYE

Risks Of Procedure

- -Overall complications are extremely rare
- -Nerve damage
- -Bleeding at or around injection site
- -Infection
- -Spinal block
- -Bleeding
- -Abscess
- -Hemorrhage
- -Allergy to medication
- Temporary weakness or numbness in arms (cervical), chest wall (thoracic block) or legs (lumbosacral)
- -Nerve damage
- -No improvement
- -Paralysis
- -Death
- -Worsening of condition
- -Soreness lasting 5-7 days

THESE RISKS ARE INTENDED TO BE A COMMUNICATION OF THE MOST REASONABLE EXPECTED COMPLICATIONS OF THE PROCEDURE AND DO NOT INCLUDE ALL CONCEIVABLE CONSEQUENCES OF THE PROCEDURE

Discharge Care

- The area injected may be tender or bruised after the injection. Apply ice on and off every 4 hours for 24 hours
- You may not drive for the remainder of the day after the procedure. An adult must be present to drive you home. This is for your safety
- No restrictions on your diet
- Continue routine medications as prescribed. You may take your usual pain medication the day of the procedure
- No heat to be used on injection site for remainder of day
- If you receive steroids, diabetics may have short-term elevation of blood glucose levels
- People prone to fluid retention may have increase fluid retention for 1-2 weeks
- Unless there are complications, you should be able to return to work the next day. You may still sore in the injection site area
- Notify the Physician on any signs of infection at injection site and if fever develops
- No restrictions on bathing but be careful
- No driving or consumption of alcoholic beverages
- Do not make any critical decisions or sign important papers for 24 hours
- If an emergency arises and you feel the situation requires immediate attention, go to the nearest emergency room. Make sure the Dr. is notified.