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

Sacroiliac (SIJ) Joint Injections to Manage Back Pain

Sacroiliac facet joints are small joints in the region of the low back and buttocks where the pelvis actually joins with the spine. Irritation of the joint may cause pain in the low back, buttock, abdomen, groin or legs. Numbing medicine will provide temporary relief and can allow better manipulation of your body. The time- release steroid will help reduce any inflammation in the joint.

Although not usually a primary pain generator, the sacroiliac joint is a common area of referred pain and can persist as the primary focus of pain. The typical pain referral pattern is to an area around and just caudal to the posterior superior iliac spine. The SI joint should therefore be treated within the context of the entire spine and kinetic chain, including the pelvis, hips, and lower extremities.

In patients who have failed four to six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories, a sacroiliac joint injection can be helpful for both diagnostic and therapeutic purposes. In some patients, SI joint injections can provide significant pain relief.

When sacroiliac joint injections are employed, they should be performed with fluoroscopic guidance using contrast medium to ensure proper needle and medication placement. If helpful, they may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program.

What is the sacroiliac joint and why are sacroiliac joint injections helpful?

The sacroiliac facet joints are a small joint in the region of the low back and buttocks where the pelvis actually joins with the spine. If the joints become painful they may cause pain in the low back, buttocks, abdomen, groin or legs.

A sacroiliac 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 steroid will help to reduce any inflammation that may exist within the joint(s).

What happens during the procedure?

The patients are placed on the X-ray table on their stomach in such a way that the physician can best visualize these joints in the back using x-ray guidance. The skin on the low back 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?

Patients are asked to report the percentage of pain relief and record the relief experienced during the next week. The leg(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).

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

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

Risks Of Procedure

- -Overall complications are extremely rare
- -Increased discomfort for approximately 2-3 days following the test
- -Nerve damage
- -Seizure
- -Infection
- -Adrenal suppression
- -Bleeding
- -Abscess
- -Hemorrhage
- -Allergy to medication
- -Nerve damage
- -No improvement
- -Paralysis
- -Death
- -Worsening of condition
- -Equipment failure
- -Soreness lasting 5-7 days
- -Elevated blood sugar
- -Bruising at or around injection site

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
- Notify the Physician on any signs of infection at injection site and if fever develops
- No restrictions on bathing but be careful
- Diabetics may experience elevated blood glucose levels if steroids are given
- Keep a record of any significant changes in your pain and activity level. This information is valuable to the Physician in evaluating your treatment plan
- You should be able to return to work the next day unless there are complications
- Notify the Physician of any new respiratory difficulties
- You may have temporary numbness, heaviness or weakness at the injection site down into the thighs/legs