



Institute for Low Back and Neck Care

*Physicians dedicated to relieving pain
and improving function*



For any questions, please call your
physician's medical secretary at
952-814-6600.

Cervical or Thoracic

Facet Joint Injection

(or facet joint block)

Introduction

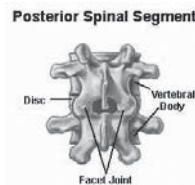
At times it is difficult for the doctor to determine specifically what is causing the pain in a patient's neck or mid-back.

Diagnostic and therapeutic injections can help the doctor to identify the cause of the pain; therefore, making the plan of treatment more focused and more effective. Finding a specific diagnosis leads to better treatment and better outcomes for the patient.

The Facet Joints

The facet joints are the small joints located between the vertebrae on the back of the spine. These joints provide stability. The cervical facet joints guide motion in the neck and the thoracic facet joints guide motion in the mid-back.

Just as a joint in your finger, shoulder, or elbow can cause you discomfort, so can the facet joints in your neck and back. Pain from the cervical facet joints may be in the head, neck, upper back, and shoulders. Pain from the thoracic facet joints may be in the mid-back.



The Purpose of the Injection

Injections into the facet joints are done for two main reasons:

Diagnostic: A local anesthetic is used to temporarily block the pain and determine if the pain is coming from the facet joints. This pain relief only lasts until the anesthetic wears off.

Therapeutic: A steroid (usually triamcinolone) is injected to decrease inflammation and swelling that may be present in the facet joints. The steroid usually starts to work in 2-3 days, and the optimal effects are not known until 1-2 weeks after the injection. The pain relief from therapeutic injections may vary in duration and degree from none to long-term.

The Procedure

The patient is placed in the prone (lying face down) position with two pillows under the chest and a small pillow under the forehead. The skin over the back of the neck (for cervical) or mid-back (for thoracic) is sterilely prepared. The facet joints to be injected are imaged with fluoroscopic (x-ray) guidance. The skin is anesthetized. A thin needle is then advanced under x-ray guidance into the posterior or back portion of the appropriate facet joint. A small volume of contrast solution is injected which proves that the medication will flow within the joint. Then a small volume of anesthetic with steroid solution is injected. The patient is cared for in the recovery area for 20-30 minutes.

Preparing for the Epidural Steroid Injection

- Occasionally patients need mild sedation for this procedure. For this reason, **you should have no solid foods for 6 hours before your procedure.** You may have clear liquids up to 2 hours before your procedure. Example: water, broth, clear fruit juices such as apple, cranberry and grape juice. These juices should not include pulp. Tea, black coffee with no cream and carbonated beverages are also allowed. Please take your regular medications the day of your procedure, especially any **heart or blood pressure** medications. If you are on medication for **diabetes**, be sure to take it the day of the procedure. No gum for 2 hours before the procedure.
- While the procedure may take less than 30 minutes, you will need to allow for at least 1-2 hours at the procedure center.
- You need to arrange for a driver to be present for the entire time you are at the facility. If you do not have a driver with you, your procedure may have to be rescheduled. If you use a taxi or volunteer ride service, you still must have a responsible adult with you in order to help take care of you after your sedation procedure.
- If you are taking prescription blood thinners such as Coumadin (warfarin), Plavix (clopidogrel bisulfate), or Ticlid (ticlopidine), please inform your doctor's secretary. These medications will need to be stopped before the procedure, but only after you receive permission from the doctor who is prescribing these medications.
- Inform your doctor's medical secretary if you are on high doses of aspirin (more than 2 per day).
- If you develop a fever, night sweats, or an active infection, your procedure will need to be rescheduled. Please contact us immediately at **952-814-6600** to inform us of your change in condition.

After the Injection

Follow the specific instructions given to you by the nurses at the procedure center.

- Rest for a few hours, resume activity as tolerated, and use assistance as needed. Do not overexert yourself the first day.
- For discomfort, apply ice packs to the area for 15 minutes several times a day.
- Do not soak in a tub for 24 hours after the procedure. You may take showers.
- Observe for any signs of infection including redness and warmth at the injection site, increasing pain, swelling, drainage, chills, night sweats, fever above 100° F. Report any signs of infection or other unusual symptoms.
- Keep a record of your pain and symptoms after the injection and report your results as instructed by your doctor's medical secretary.

****Remember that your usual pain may go away for a few hours, but after the local anesthetic wears off, it is normal for your pain to return. You may also have some temporary discomfort at the puncture site. The full effects of the steroid may take 2 days to 2 weeks to work, and its lasting effects vary from person to person.**

Possible Side Effects of the Steroid

Possible side effects include facial flushing, fluid retention, insomnia, low-grade fever, temporary changes with menstruation, and headache. These side effects usually are minimal and resolve 1-3 days after the procedure. If you have diabetes, your blood sugars may be temporarily elevated.

Potential Risks of Facet Joint Injections

The risks are quite minimal, but are similar to any procedure involving a needle placement. These include, but are not limited to:

- Allergic reaction to the anesthetic, steroid, or contrast dye (be sure to inform us before the injection if you have any known allergies).
- Infection.
- Needle injury to a blood vessel which may bleed.
- Needle injury to a spinal nerve which may cause pain.
- Irritation of the injected structure, which could cause worsening pain.
- Inability to complete the injection due to technically or anatomically not being able to place the needle at the desired target.