

Thoracic and lumbar facet joint injection

Introduction

This information sheet explains why this procedure is performed, what it entails and the benefits and risks. If you have any other queries please call the Radiology Department on 0118 322 7961.

IMPORTANT: Please contact the Radiology Department at The Royal Berkshire Hospital on 0118 322 8368 if you are taking any blood thinning medication (anticoagulants or antiplatelets) such as Warfarin, Heparin, Clopidogrel or Dabigatran which may need to be discontinued before your facet joint injection.

What is a facet joint injection and why am I having one?

Facet joint injections are primarily designed to reduce back pain (inflammation) in these joints. In addition, in some patients they are used to try to establish whether or not back pain is caused by the facet joints rather than other structures in the spine. Facet joints are small synovial (enclosed in a fluid-filled sac) joints that act to stabilise the spine during movement and protect the spinal cord. Like other joints in the body they can suffer from wear and tear (osteoarthritis) although not all patients with facet joint pain will have visible signs of wear and tear on their X-rays or MRI scan.

Facet joint injections are sterile procedures intended to relieve symptoms, which can include pain radiating to the buttocks or around the hip by injecting local anaesthetic and steroid medication into the facet joints. The procedure is undertaken by a consultant radiologist using a dedicated continuous X-ray machine to precisely guide the needle into the correct position.

What happens during the procedure?

Initially, you will have a brief discussion with the doctor performing the procedure, who will explain the reason for the procedure and discuss the risks and benefits. You will be asked to lie face down on a special X-ray table. Your back will be cleaned with antiseptic solution. A very thin spinal needle is then inserted and you may feel a pushing sensation as the needle is positioned under X-ray guidance into the correct position followed by the injection of the long acting local anaesthetic and steroid. It is common for several injections at adjacent levels of the spine to be performed simultaneously, sometimes on both sides.

Is a facet joint injection painful?

Some patients do find the injections uncomfortable. However, they do not take long and are

generally well-tolerated.

A facet joint injection is not intended to treat sciatica (pain extending from the back to the lower leg) and you should not experience a numb leg afterward.

Are there any risks with this treatment?

Facet joint injections are very low risk.

There is an extremely small chance of infection and in order to minimise this, the procedure is carried out in a sterile fashion. There is a very remote chance of touching a nerve with the needle in which case it will be immediately repositioned and nerve injury is rare.

Bleeding is also extremely unlikely as the needles used are very fine, but as a precaution we require patients taking blood thinning medication (anticoagulants or antiplatelets) such as Warfarin, Heparin, Clopidogrel or Dabigatran which may need to be discontinued before your facet joint injection to contact the radiology department on 0118 322 8368. Aspirin can be taken as normal.

What happens after the facet joint injection?

We normally ask patients to wait in the department for 10-20 minutes following the procedure to make sure there are no adverse effects before going home. If you are feeling light headed then you may be observed for longer. You should arrange for someone else to drive you home after the procedure – you should not drive yourself.

There is no guarantee that your pain will be relieved by the injection. In some patients, where there is uncertainty as to what is causing the back pain, the injection is used to confirm or discount the origin of the pain being in the facet joints. Some patients report that their back pain gets worse for a few days before it gets better; others have no benefit at all. Occasionally, if the first injection is effective, but the effects are short-lived, it can be repeated.

All patients undergoing a facet joint injection are usually reviewed by the referring consultant a few weeks after the procedure and are asked to keep a diary of their symptoms following the injection to assess their response and guide further treatment.

Further information

Royal College of Radiologists www.rcr.ac.uk

For further information about the Trust, visit our website www.royalberkshire.nhs.uk

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