

Dr Rajesh Munglani MB. BS. DA. DCH. FRCA. FFPM. MRCA
Consultant in Pain Medicine

Consulting Rooms:

Spire Cambridge Lea Hospital
30 New Road
Impington, Cambridge CB24 9EL
Appointments: 01223 266990/5

BMI Healthcare Hospital
St Mary's Square
Bury St Edmunds, Suffolk IP33 2AA
Appointments: 01284 716700/701371

Nuffield Health Cambridge Hospital
4 Trumpington Road
Cambridge CB2 8AF
Appointments: 01223 479024

All Enquires & Correspondence to:

Sue Sanalidro, PA to Dr R Munglani, Spire Cambridge Lea Hospital (address as above)
Tel/Fax: 01223 479024/479125 Email sue.sanalidro@googlemail.com

Patient Information Leaflet

FACET JOINT OR SACROILIAC JOINT INJECTIONS

What is a facet or sacroiliac (SI) joint injection?

Facet or SI joint injections (blocks) are used to test whether pain is coming from the joints of the spine.

The human spine is made up of a number of bones stacked on top of each other joined by ligaments and muscles. These bones are called the vertebrae. The little joints that link each vertebra together are known as the facet joints. They help stabilise the spine and allow movement.

Facet joints occur in pairs along the length of the spine. The ones that most often cause problems are in the neck (cervical facet joints) or the lower back (lumbar facet joints). There may be a problem with more than one set of joints due to wear and tear, injury, inflammation or previous disc problems. If inflammation of the facet joints is causing pain, then this may, partly or fully, respond to an injection.

The sacroiliac joint is where the spine joins to the hips. Inflammation may occur due to a variety of reasons causing pain just off the centre of the base of the spine. Inflammation of the SI joint or of the overlying ligament may also irritate the sciatic nerve as it exits the spine to travel down the leg.

A facet joint injection is an injection of local anaesthetic and steroid either directly into the joint or to the path of the small nerve which supplies sensation to the joint.

A sacroiliac injection is an injection of local anaesthetic and steroid either into the joint itself or around the joint and ligament.

It is usual to do several of these injections at one time. The injection will test whether the pain is actually arising from the joint or nerve itself and whether the pain would respond to a longer-lasting procedure to stun the nerve supplying the joint.

It is most important that you inform Dr Munglani if you are taking drugs to thin your blood, for example, Warfarin and Clopidogrel. He will then provide guidance as to whether there is a need to temporarily stop any blood-thinning drug.

The day of treatment:

You will arrive at the hospital you have chosen to attend at the time given to you by Dr Munglani's office. You stay will be as a Day Case Inpatient admission (and very occasionally as an overnight stay). On arrival at the hospital the staff will ensure that your paperwork is all in order and will then show you to your room or the Day Care Centre, as appropriate. You will be provided with the necessary theatre gown but if you wish you may bring your own dressing gown and slippers. Routine tests will be carried out by a nurse prior to your procedure such as blood pressure, pulse etc. Following this Dr Munglani will visit with you to discuss your procedure, following which you will be asked to sign a Consent Form.

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Once in the treatment room a small needle will be placed in the back of your hand. This is essential for safety reasons and allows Dr Munglani to give you sedation. The procedure will be carried out under x-ray screening. This allows Dr Munglani to identify the specific level of facet joints to be treated.

If your neck is being treated, may be lying on your side. If your low back is being treated, you will be lying face down on the x-ray table. Dr Munglani will clean the treatment area with a cold antiseptic fluid. Needles are then inserted under x-ray control into the correct position. You may feel a pushing sensation and some discomfort at this stage.

Once the needles are in the correct position, local anaesthetic will then be injected. A feeling of tightness may be felt. You should let Dr Munglani know if you feel pain.

Following your injection:

Your blood pressure and pulse will be checked again prior to discharge and you may/may not have a visit from either Dr Munglani or his Pain Nurse Specialist.

PLEASE ENSURE THAT YOU HAVE ARRANGED FOR SOMEONE TO COLLECT YOU AFTER THE PROCEDURE. FAILURE TO DO SO WILL RESULT IN YOUR PROCEDURE BEING CANCELLED.

FOLLOWING SEDATION WE RECOMMEND THAT YOU ARRANGE FOR SOMEBODY TO STAY WITH YOU OVERNIGHT AND THAT YOU DO NOT DRIVE FOR 24 HOURS AFTER THE PROCEDURE.

Benefits:

About 70% of patients will get very good or excellent pain relief from the procedure. Although facet and sacroiliac joint blocks alone will not provide long-term relief of symptoms, they can be helpful to Dr Munglani in deciding whether to offer you a joint denervation. This is a procedure that may carry a better long-term prognosis in regard to pain relief.

Risks:

Normally there is increased pain for two or three days followed by possible relief. Occasionally the aggravation in pain can go on for longer. The local anaesthetic and steroid used may cause headaches for a few days and a temporary increase in weight.

Unfortunately no procedure is risk free. Short-term side effects of any procedure may include commonly, pain at the site of injection, increase in pain generally and far less commonly infection, bruising, bleeding and injury of body structures with the injection procedure. Very rarely, the local anaesthetic may spread causing some numbness in your legs, buttocks and other areas. This is temporary and will resolve.

Although long-term side effects and complications, including increase in pain, are uncommon the possibility cannot be excluded. Other long-term problems may include permanent neurological problems such as numbness or weakness. The risk of this is approximately 1: 200,000 to 1: 500,000.

What to expect afterwards:

Some people find that they get relief from their pain but after a few weeks or months this wears off. Others may experience complete relief.

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However, there is a chance that the pain will either not improve, change or will get worse. If you are taking painkillers or other medication for pain, please do not stop them suddenly. You should gradually reduce your pain medication, as you feel better.

During the pain relief period, you should try to gently increase your exercise. Simple things like a daily walk, using an exercise bike or swimming will help to increase your muscle tone and strengthen you. The best way is to increase your activity slowly. Try not to overdo things on good days, or you might end up paying for it with pain the following day.

It will help you and Dr Munglani if you keep a symptom diary after your injections to let him know how you got on after the injections, how long the pain relief lasted and whether you were able to decrease the amount of painkillers you used.

Dr Munglani will write a letter to your GP and/or referring consultant, advising them of the procedure you have had carried out, and a follow up appointment will be made for you to be reviewed in due course.

Points to Remember:

1. Nothing to eat for 4 hours prior to your procedure but you can have small quantities of clear fluids until the time of the procedure. If you are diabetic please ask Dr Munglani for advice.
2. Please bring your glasses if you need them for reading.
3. Please bring either your actual medication or a list of all current medication (tablets).
4. Continue taking all your regular medication on treatment day.
5. If there is any possibility that you may be pregnant, please inform Dr Munglani as soon as possible.
6. You will be admitted to the hospital you have chosen to attend as a day case patient. You will be discharged after midday on the same day as the procedure (however, if you have been requested to stay overnight, you will be discharged early the following morning).
7. Please ensure that you have somebody to drive you home and that someone is available to stay with you on the evening following your procedure if you are discharged on the same day.
8. Please note that you should not drive for 24 hours following your procedure.

Additional Information:

Having read this leaflet, if you require further information or have any questions, please do not hesitate to contact Sarah Kelly, Dr Munglani's Pain Nurse on 079123 57430.

If you have any administration queries please contact Dr Munglani's PA Sue Sanalidro on 01223 479024