



FREQUENTLY ASKED QUESTIONS ABOUT MEDIAL BRANCH BLOCKS

Medial Branch Block

Facet joints are innervated or “supplied” by nerves called “medial branches.” These nerves carry the pain signals to the spinal cord and the signals eventually reach the brain, where the pain is noticed. A medial branch block is a temporary and diagnostic procedure to prevent pain signals from reaching the brain.

Q. What is the purpose of a medial branch block?

If the nerves are “blocked” or “numbed,” they will not be able to carry pain sensation to the spinal cord. It is like temporarily cutting off electrical wires. Therefore, if the pain is due to facet joint arthritis, you should have relief from pain and stiffness.

Once it is determined that the pain is indeed due to facet joint disease, we can use a procedure called *radiofrequency lesioning* to prevent the conduction of pain information for several weeks to months.

Q. How long does a medial branch block injection take?

A. The actual injection takes only a few minutes. The more nerves that must be blocked, the more time it takes.

Q. What is actually injected?

A. The injection consists of a steroid and/or local anesthetic (like lidocaine or bupivacaine).

Q. Will the injection hurt?

A. The procedure involves inserting a needle through skin and deeper tissues, similar to a tetanus shot. Therefore, there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle before inserting the needle into the joint.

Q. How is the injection performed?

A. Patients are monitored with a blood pressure cuff and blood oxygen-monitoring device. The skin in the back is cleaned with antiseptic solution and then the injection is carried out. For patients with upper and low back pain, the injection is performed with the patient lying on the stomach. For a cervical (neck area) injection, patients lie on their backs or side under X-ray control.

Q. What should I expect after the injection?

A. Immediately after the injection, you may feel that your pain may be gone or quite less. This is due to the local anesthetic injected. This may last only for a few hours. Your pain will return and you may have a sore back or neck for a day or two. This is due to the mechanical process of needle insertion. It is very important for you to keep a track of your pain and stiffness for the next two to 12 hours following injections. Your response to the injections will determine if the facets are the cause of your pain or not.

Q. What should I do after the procedure?

A. You should have a ride home. We advise the patients to take it easy for a day or so after the procedure. You may want to apply ice to the affected area 20 minutes at a time, four to five times a day. You can perform your usual activities as tolerated.

Q. Can I go to work the next day?

A. Unless there are complications, you should be able to return to work the next day. The most common thing you may feel is a sore back.

Q. How long does the effect of the medication last?

A. The immediate effect is from the local anesthetic injected. Depending upon the medication injected, it can last from two to eight hours. Of course, if the facet joints are not the source of your pain, you may not have much relief.

Q. How many injections do I need to have?

A. Usually one session is enough to determine if the facet joints are the most likely source of your pain or not. However, the “placebo response” can be as high as 30 to 40 percent, and some patients may be recommended to have repeat diagnostic injections. In addition, false positive responses can occur.

Q. Will the procedure help me?

A. If the pain is originating mostly from the facet joints, you should benefit from this procedure on a temporary basis. Some do get a “placebo response” and others may get a false-positive response. Please remember that these are diagnostic injections only and last only for a few hours. These are done to determine if the pain is coming from the facet joints or not, and if the pain is coming from the facet joints, we will recommend “Radio-Frequency Lesioning” – which will “numb” the same nerves for many weeks to months.

Q. What are the risks and side effects?

A. Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and possibility of complications. The most common side effect is pain – which is temporary. The other risks involve, infection, bleeding, worsening of symptoms, spinal block, epidural block etc. Fortunately, the serious side effects and complications are uncommon.

Q. Who should not have this injection?

A. If you are allergic to any of the medications to be injected, if you are on a blood thinning medication (e.g. Plavix, Coumadin®), or if you have an active infection going on, you should not have the injection.

If you have questions, be sure to ask your doctor or other member of your pain management team.

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