

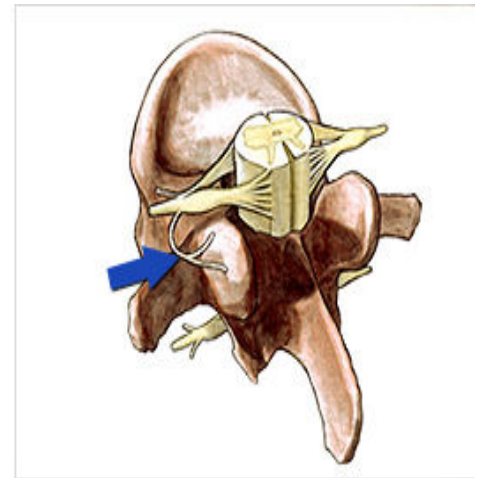
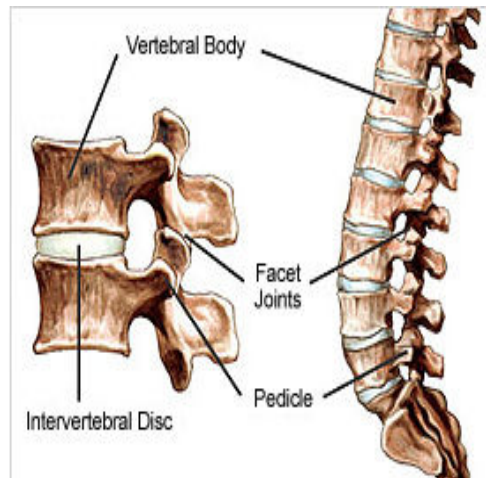
## Medial Branch Block/Facet Nerve Block

Medial branch nerves are the very small nerves that control sensation of facet joints; they do not control any muscles or sensation in your arms or legs. They are located along a bony groove in your low back, mid-back and neck. Medial branch nerve blocks have the advantage of decreasing pain from facet joints without injecting medicine directly into the facet joint. We first block the medial branch nerve signals outside of the facet joint with numbing medicine (anesthetic) as a diagnostic test. If pain relief is acquired for the next 6 to 18 hours, then we know that the source of the pain is likely in the facet joints. This tells us that you are likely to benefit from having the medial branch nerves interrupted at a later date with a special radio-frequency (RF) needle (is called an RF medial branch neurotomy); this treatment will provide longer term relief (9-14 months or even longer).

### What is a Facet Joint Block?

Facet Joints are located on the back of the spine on each side where one vertebra slightly overlaps the vertebrae above and below. They allow the spine to move and are responsible for the degree of flexibility the spine has. A block is

performed to confirm that a facet joint is the source of pain as well as to decrease pain and inflammation in that joint. As opposed to Medial branch blocks, facet joint injections are given directly into the facet joint.



### How is it done?

You will be given a local skin anesthetic; a needle is then inserted into the facet joint or facet capsule; an anesthetic and steroid are injected. This is done under fluoroscopy (X-ray imaging displayed on a monitor) that facilitates and assures proper placement of the needle and medication).

### What will happen to me during the procedure?

You can choose whether you get IV sedation or only a local anesthetic for the procedure. While lying on an x-ray table, the skin over the area to be tested will be well cleansed. Next, the physician will numb a small area of skin with an anesthetic which stings for a few seconds. Fluoroscopy guidance will then be used to direct a very small needle over the medial branch nerves and several drops of contrast dye will be used to confirm that the medication will only go over these medial branch nerves. A small mixture of an anesthetic will then be slowly injected.

### What should I do and expect after the procedure?

You will need someone to drive you home after the procedure because your legs might be weak or you may feel groggy from the sedation. About 20-30 minutes after the procedure, you will move the affected area to try to provoke your usual pain. You will report your remaining pain (if any) and also the relief you experience over the next several hours. You may or may not feel improvement in the first few hours after the injection depending on whether the medial branch nerves that were injected were responsible for the pain from the facet joint.

On occasion, your neck/back may feel numb or odd for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medication wears off. Ice will typically be more helpful than heat in the first several days after the injection. Although the main purpose of this procedure is to be a test to see whether you would benefit from a subsequent medial branch neurotomy (RFTC), on occasion, long-term relief has occurred for some patients with this diagnostic test. You may take your regular medications after the procedure, but try to limit your pain medications for the first 6 hours after the procedure so that the diagnostic information obtained is accurate.

On the day of the injection, you should not drive and should avoid any strenuous activities. On the day after the procedure, you may return to your regular activities. If your pain is improved from this procedure, you may start to gradually return to your regular activities over 1-2 weeks to avoid recurrence of your pain