A guide to facet and sacroiliac joint injections

Information for patients
This information leaflet will help you to understand more about facet and sacroiliac joint injections. If you have any further questions, or if there is anything you do not understand, please feel free to ask any of the nurses or your doctor at the Pain Relief Unit.

What are facet joints?

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 which 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.

What are sacroiliac joints?

Sacroiliac joints are a pair of small joints which lie close to the junction of the spine and pelvis. Most often when we think of joints, we think of knees, hips, and shoulders – joints that are meant to move. The sacroiliac joint does not move much but it is an essential weight bearing joint.

If inflammation of these joints is causing pain, then an injection may give you several weeks or months relief.
What are facet joint and sacroiliac injections?

These injections are mainly used to try to provide some relief from pain in the neck, back, buttock or leg. The medicine is injected into an area very close to the joints that the pain is coming from. Two medicines are commonly injected – a local anaesthetic and a steroid.

How is this injection given?

These injections are given in a treatment room. Before you go into the treatment room you will have your blood pressure taken and you will be asked to change into a gown.

You will need to lie as comfortably as possible on your tummy on the treatment room bed. The area of your back which is causing you pain will be exposed and your skin will be cleaned with an antiseptic solution to reduce the risk of infection.

The doctor will use X-rays to find the exact location of the joints which are causing you pain. It is important to keep very still in order for the doctor to get the injection in the right place. The doctor may also ask you to tell him/her if you think the injection is going into the right spot where your pain is coming from.
What happens first?

Before the injection you will need to let the doctor or nurse know:

- if you are allergic to anything, e.g. local anaesthetic, steroids, iodine or sticking plasters
- if you are taking or have recently taken antibiotics for an infection
- if you are taking any medicines to thin your blood such as warfarin, aspirin, Ticlopidine, Sinthrone or Clopidogrel
- if you feel unwell on the day
- if you have any other serious medical conditions.

If you are a woman aged between 12 and 55 years old you should fill in a form to confirm that you are not likely to be pregnant. This is because of the possible negative effects of X-rays on unborn children.

What will I feel during the procedure?

You may feel the needle going through your skin and some pressure when the medicine is injected. In most cases the local anaesthetic will numb the area and give some immediate pain relief.
How long will it take?
This varies from person to person but usually takes about 20-30 minutes for the whole procedure.

What happens afterwards?
After the injection the nurse will help you sit up slowly and then help you into a wheelchair. The nurse will then take you to the recovery room where we advise you to rest for at least 30 minutes. Some people might need to lie down for a short while. You will be offered a drink before you go home. **You must not drive after the injection so you will need to arrange for someone to take you home.**

What will happen to my pain?
Usually your pain will improve in the few hours after the injection due to the injection of local anaesthetic. Your pain may return after the local anaesthetic has worn off and there may be some additional soreness as a result of the injection.

The steroid can take up to two weeks to work or it may not work at all. If it does work, the effects can last for several weeks or months. Each person responds differently to the injections and the effect will not be known until you have had the injection.
What are the risks and side effects?

Facet joint injections using a steroid are not usually given more often than three times a year in order to avoid the potential side effects that can occur from steroids. These include:

- temporary leg weakness
- an increased appetite and possible weight gain
- raised blood sugars in people with diabetes
- an increased risk of infections for a while after the injection
- dimpling of the skin at the site of injection.

There are some risks that do need to be mentioned but they do not happen very often. These include:

- feeling dizzy
- bleeding
- infection at the injection site
- nerve damage (there is a 1 in 10,000 chance of this lasting for up to a year)
- an increase in pain
- an allergic reaction to the medicine.

What happens next?

You will usually be given another appointment for a telephone consultation within 2 months time. You will be contacted by a member of the nursing staff to ask how effective the injection has been. It is useful to make a note of when the pain starts to return as this is a question the nurse will ask you when she/he contacts you.
Do I need to rest when I get home?

On the day of treatment you may want to rest when you get home or you can continue as normal if you feel well enough. You can drive the following day if you have no leg weakness. If your pain improves then you should slowly build up your activity and exercise. However, pain is best managed by keeping active within your own limits.

How do I get advice once I get home?

**Pain Relief Unit – Nurse Advice**

Voicemail: 01865 857 107

or

Email: painreliefteam.ouh@nhs.net

**Please note:**

For appointment queries contact 01865 572 079

If you have any urgent problems, please contact your GP.
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@ouh.nhs.uk