

Medial Branch Nerve Block Procedure

On the day of the injection, patients are advised to avoid driving and doing any strenuous activities, and to get plenty of rest the night before. The injection procedure includes the following steps:

- An IV line may be started so that adequate relaxation medicine can be given.
- The patient lies on the x-ray table, and the skin over the area to be treated is well-cleansed.
- The physician treats a small area of skin with a numbing medication (anesthetic), which may sting for a few seconds.
- The physician uses x-ray guidance (fluoroscopy) to direct a very small needle over the medial branch nerves.
- Several drops of contrast dye are then injected to confirm that the medicine only goes over the medial branch nerves.
- Following this confirmation, a small mixture of numbing medication (anesthetic) will then be slowly injected onto each targeted nerve.

The injection itself only takes a few minutes, but the entire procedure usually takes between 15 and 30 minutes.

How will I prepare for the procedure?

Your doctor may tell you to be NPO for a certain amount of time before the procedure. This means that you should not eat or drink anything for the amount of time before your procedure. This means no water, no coffee, no tea - not anything. You may receive special instructions to take your usual medications with a small amount of water. Check with your doctor if you are unsure what to do.

You should tell your doctor if you are taking any medications that thin your blood or interfere with blood clotting. The most common blood thinner is coumadin. Other medications also slow down blood clotting. Aspirin, ibuprofen, and nearly all of the anti-inflammatory medications affect blood clotting. Medications used to prevent strokes, such as Plavix, Xarelto, or Eliquis can also affect blood clotting. These medications usually need to be stopped seven days prior to the injection. Be sure to let your doctor know if you are on any of these medications.

After the procedure, the patient typically remains resting for 15-20 minutes, and then is asked to move the affected area to try to provoke the usual pain. Patients may or may not obtain pain relief in the first few hours after the injection, depending upon whether or not the medial branch nerves that were injected are carrying pain signals from the spinal joints to the brain. On occasion, patients may feel numb or have a slightly weak or odd feeling in their neck or back for a few hours after the injection.

The patient will discuss with the doctor any immediate pain relief. Ideally, patients will also record the levels of pain relief during the next week in a pain diary. A pain diary is helpful to clearly inform the treating physician of the injection results and impending future tests and/or treatment, as needed.

IMPORTANT: If you receive greater than 50% relief of your pain with your first set of injections, please schedule your second set of injections for two weeks before you leave the clinic. The same procedure with a different medication will be used which should make your pain relief last longer. The first injections are more for diagnostic purposes. Please schedule a follow-up office visit if you do not have 50% relief of your pain so that you can be reevaluated.

Medial Branch Nerve Block Results and Follow-up

Medial branch nerve block is assigned to interrupt the pain signal being carried by the medial branch nerves that supply specific facet joint. Because of this, patient may feel complete or partial pain relief in the first 6-12 hours after an injection. They may also feel no pain relief during this time (anesthetic phase). If the area is uncomfortable in the first 2-3 days after the injection, applying ice or cold pack to the general area of the injection site will typically provide pain relief.

Patients may continue to take the regular medications after the procedures, with the exception of limiting pain medication within the first 4-6 hours after the injection so that the diagnostic information obtained is accurate.

On the day after the procedure, patient may return to the regular activities. When the pain is improved, it is advisable to start regular exercise and activities in moderation. Even if the pain relief is significant, it is still important to gradually increase activities over 1 to 2 weeks to avoid recurrence of pain.

Depending on the amount of pain relief the patient has during the first 6-12 hours after the injection, the patient may be a candidate for a radiofrequency ablation procedure to try to provide longer-term pain relief. Generally, the patient must report at least 80% improvement in her pain during the first 6-12 hours after the injection to be considered a candidate for radiofrequency ablation.

