

Information leaflet

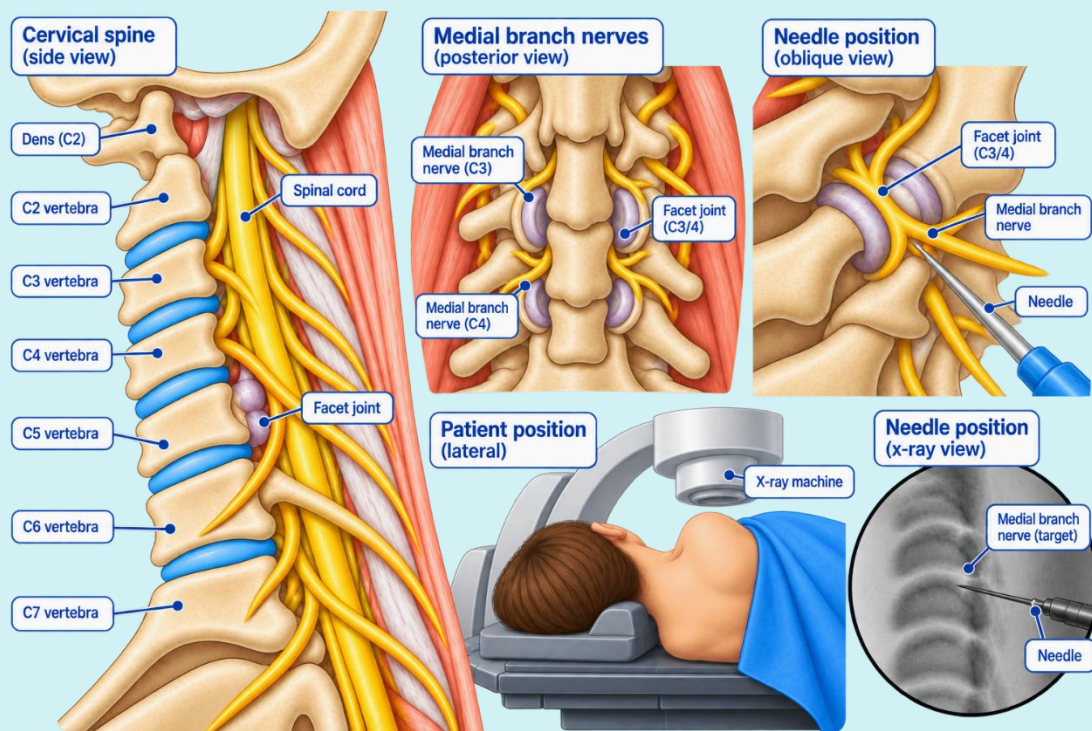
Diagnostic cervical medial branch nerve blocks (A5743)

Your spine is made up of vertebral bones with intervertebral discs in between. There are facet joints between these bones at each level of your spine. These facet joints allow the spine to twist and bend. The joints can become worn and inflamed causing neck pain, muscle stiffness and headaches.

The medial branch nerves carry the messages of pain from these facet joints.

What are cervical medial branch nerve blocks?

The only way to test if the facet joints are causing your spinal pain is to carry out diagnostic blocks on the medial branch nerves that supply them. If we can block the pain signals with anaesthetic then we know that they were a source of your pain.



Medicines

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

What happens during the procedure?

On the day of your procedure, you will see Mr Bateman to confirm you wish to proceed. He may ask you to confirm your symptoms again.

You may be asked to change into a hospital gown. You may have to wait a while on the ward or waiting room for your turn to have the injection.

When everyone is ready you will be escorted to the operating theatre or treatment room by a nurse and asked to lie on your side on a special table. Mr Bateman and his team will confirm your details with you before starting.

X-rays are used to show up the bones and joints of the spine.

The skin will be cleaned with an antiseptic solution. A fine needle is then directed towards the medial branch nerve and a small amount of local anaesthetic is injected. This is repeated at each level being treated.

The whole procedure takes about 20 minutes. You will be helped back to the ward or waiting area afterwards.

You will need someone to collect you from the hospital after the procedure as you may not be safe to drive for the first few hours.

What happens afterwards?

You may be asked to keep a Pain Diary after the procedure. This is a record of your pain in the hours and days after the procedure

Mr Bateman will see you in the clinic 1 to 2 weeks after the procedure. Please bring the Pain Diary with you.

The injections may initially take away your pain, only for it to come back hours or days later because the local anaesthetic wears off with time.

You should return to your usual activities as soon as you are able.

What are the risks?

The procedure can be uncomfortable and you may have some soreness afterwards.

There is a low risk of infection at the injection site – less than 1 in 5000. If any redness, heat, swelling or discomfort around the injection site persists after 24 hours please telephone the ward.

There is a very small risk of bleeding that could cause pressure on the spinal nerves (<1 in 10,000).

Allergic reactions can rarely occur. (Please note that the injections usually include a contrast dye that contains iodine.)

Exposure to x-rays. If you are between 12 and 55 years old, you will be asked if you are likely to be pregnant. This is because x-rays can harm unborn children.

What happens if these nerve blocks reduce my pain?

These diagnostic or test blocks are to identify the source of your neck pain.

If they provide you with meaningful relief in the short term, then the next step may be to destroy the medial branch nerves by heating them with a radiofrequency probe. This is called radiofrequency nerve ablation or rhizotomy of the medial branch nerves. This stops them carrying the pain messages from the facet joints on a long-term basis.

Alternatives

Managing your symptoms in other ways is an option:

This can take the form of medications, including pain relievers.

Physiotherapy may be beneficial in teaching core strengthening exercises and enabling you to self-manage your problem in the longer term.

Will it work?

There is a 60-70% chance that you will get meaningful relief of your pain but the effects may wear off. If that is the case then radiofrequency ablation may be an option for you.