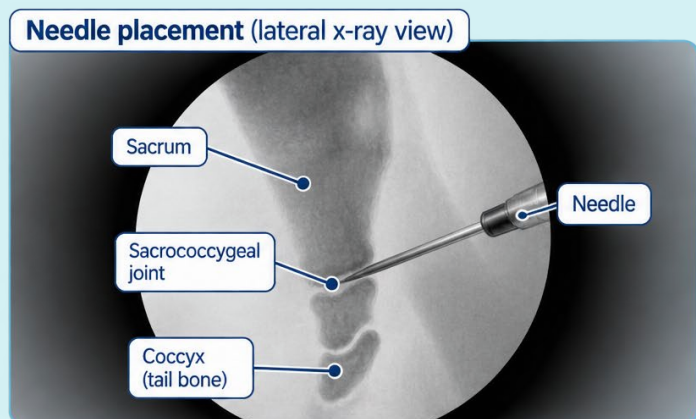
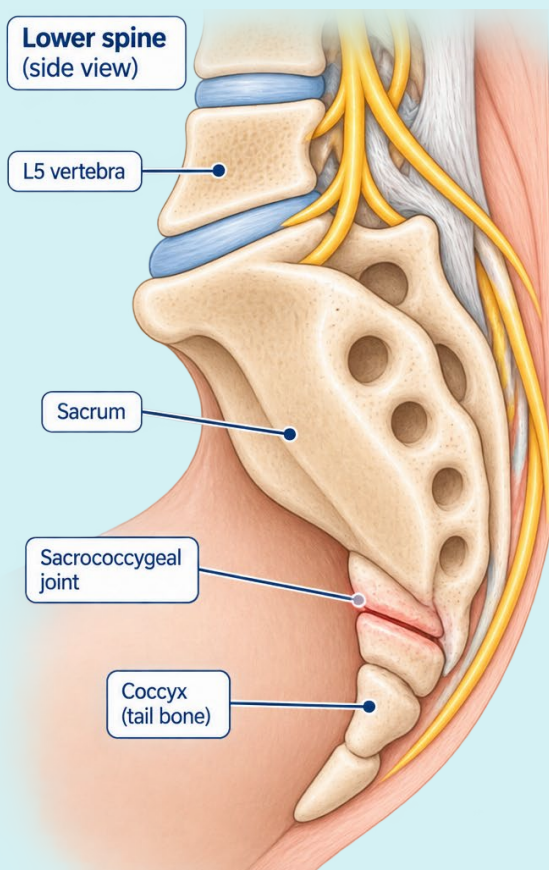


Information leaflet

Sacrococcygeal joint injection and manipulation under sedation (V5002)

This is performed at the very base of the spine.

This is a treatment for coccydynia which is where the tip of the 'tail bone' can become painful. It is usually tender to touch the area and painful when sitting. It is often worse when sitting on hard surfaces. It can sometimes be triggered by an injury to the area.



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 still wish to proceed. He may ask you to confirm your symptoms again. You will be asked to change into a hospital gown. The anaesthetist will also see you and give you further details about your sedation. You may have to wait a while on the ward for your turn to have the procedure.

When everyone is ready you will be escorted to the operating theatre by a nurse and asked to lie on your front with a pillow to support your chest and hips. Mr Bateman will confirm your details with you before starting. The anaesthetist will put a drip in the back of your hand to be able to give you the sedation. An oxygen mask will be placed over your mouth and nose to help you breath.

The lower part of your back is exposed by lowering your underwear. Antiseptic solution is applied to your back with a small sponge. Mr Bateman will feel your back to identify the correct place to inject. A needle is then inserted under x-ray guidance. Once Mr Bateman has confirmed that the needle is in the correct location then the mixture of steroid and local anaesthetic is injected slowly. Once the needle has been removed a spray on dressing is applied. The mobile part of the coccyx will then be manipulated to stimulate a healing response. In order to do this it is sometimes necessary to insert a finger into the back passage using gel as a lubricant in order to adequately manipulate the coccyx.

After the procedure you will then be helped to roll onto your back on a bed. You are then taken to the recovery area and then back to the ward on a hospital bed.

When you feel comfortable and the nurse says it is safe to do so, you can get dressed and a friend or relative can take you home.

What are the risks?

- This injection can be uncomfortable with local soreness after the procedure.
- The drugs used may also cause unusual sensations such as headaches, light headedness, feeling faint or sleepy and a sensation of warmth and flushing in your legs. Do not be alarmed by these feelings, different reactions can be quite normal.
- 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 hospital and speak with one of our nurses.
- The injection can sometimes cause a flare up of your pain but this should settle by 2 weeks at the latest if it does occur.

Alternatives

Alternatives are available such as continuing with pain relieving medications and using custom cushions to offload the area when sitting. For resistant symptoms surgical removal of the coccyx can sometimes be considered.

What happens after the procedure?

You will need to organise transport home, it is not advisable to drive for 24 hours after the injection. Your insurance company may refuse to meet a claim if they feel you have driven too soon.

As the injections begin to take effect, we hope you will experience less pain. You can reduce your pain relievers as your symptoms improve.

If you are female

Your periods may last longer than normal and be heavier than you usually experience; this effect is temporary. Rarely, you could miss a period, but this irregularity will also be temporary.

Postmenopausal ladies may experience some spotting.

It is possible for the treatment to interfere with the effectiveness of the contraceptive pill, therefore in the short term additional contraception is advisable.

If you have diabetes

Your blood sugar may increase, we therefore advise you to monitor your blood sugars more frequently than normal. Should the increase in your blood sugar persist, please get advice from your GP as soon as possible.

Will it work?

Evidence suggests that there is a 60-70% chance of symptom relief following this procedure.

Sometimes it takes a few weeks to feel the full benefits. Sometimes a procedure will work well and then the effects can wear off. If this happens then the procedure can sometimes be repeated.