

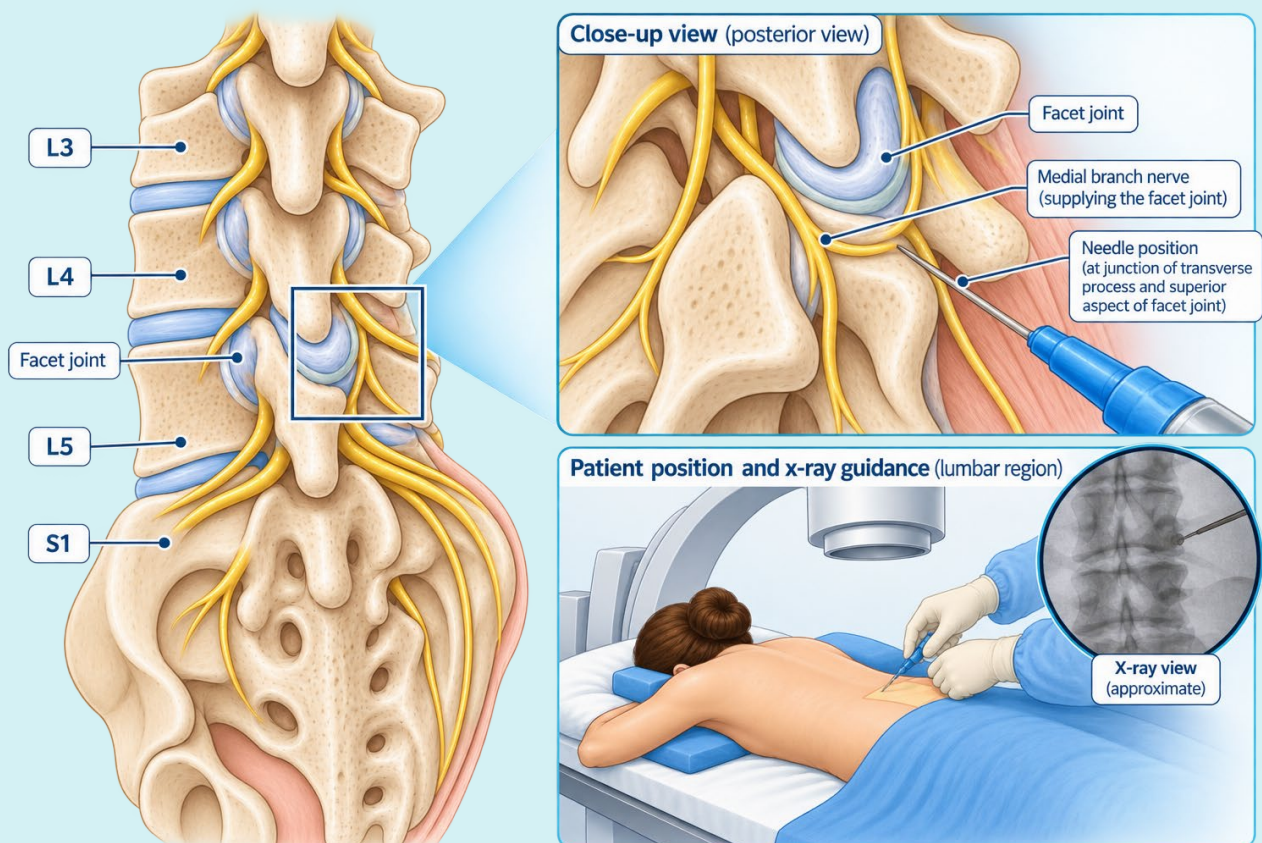
## Information leaflet

# Diagnostic medial branch nerve blocks (V5745)

This is a series of injections in your lower back.

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 back pain and muscle stiffness.

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



## **What are 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 injecting local anaesthetic around them improves your pain then it is reasonable to assume that they were contributing to your symptoms.

## **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 in the 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 front with a pillow to support your chest and hips. 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 next to the medial branch nerve and a small amount of local anaesthetic is injected. This is repeated at each level being treated so you will often have 2 or 3 separate injections. The whole procedure takes about 15 to 20 minutes. You will be helped back to the ward or waiting area, in a wheelchair if appropriate.

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

### **What happens afterwards?**

You will 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.

You will be seen in the clinic 1 to 2 weeks after the procedure. Please bring your 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?**

There is a small risk on infection (<1 in 5000).

The injections can cause bleeding and bruising of the muscle and skin. If you are taking medication to thin the blood (aspirin, clopidogrel, warfarin or apixaban, for example) please let Mr Bateman know. He will advise you on when you should stop taking these before the procedure. You can restart again the day after the procedure.

There is a very small chance of nerve damage (<1 in 10,000 chance).

We check any allergies that you might be aware of but allergic reactions can rarely occur.

The local anaesthetic can occasionally cause leg weakness or balance problems for a short period after the procedure. It is important that you are careful moving around immediately after the procedure.

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 injections are to try and identify the source of your back pain.

If they provide you with meaningful relief in the short term, then the next step might 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**

There are no alternative procedures available. However, there is always the option of not receiving any treatment at all. The consequences of not receiving any treatment are that your pain may continue.

You could continue with pain relieving medications and physiotherapy exercises.

## **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.