

### **Medial Branch Blocks**

## Indication

Spine pain in the neck, upper or lower back related to the spinal facet joints. This is a diagnostic procedure to see whether or not your pain is coming from the spinal facets and to determine the likelihood of success of a subsequent denervation procedure to provide more long-lasting relief at another time by removing the nerve supply to the joints. The medial branch blocks themselves have little long-term therapeutic benefit in providing lasting relief, typically lasting 12-24 hours. Although it is not uncommon for some patients to report sustained relief for several months, this is not their main purpose

# **Technique**

The procedure involves lying on your front on a procedure table. An intravenous cannula will most likely be sited in the back of your hand, and you will have monitors applied to check your heart rate, blood pressure and oxygen levels. The skin will be cleaned with sterilising agent and the site draped with sterile drapes. Local anaesthetic will be administered to the skin. An X-ray machine or ultrasound will be used to take pictures that will help your Consultant to guide the needles in to the correct position. The number of injections required will be determined by your Consultant.

#### **Success**

It is difficult to give an accurate figure for success from medial branch blocks, as they are a diagnostic procedure. This means that they are used to determine whether the pain is arising from the facet joints and whether it is responsive to being blocked by the procedure. This figure depends on how confident your consultant is clinically that your pain is facetogenic, ie coming from the facet joints, and whether there are other factors that could mean that your pain will not respond to the injections. For pain that does originate in the spinal facet joints the response is good. The amount of relief depends upon whether all of your pain is coming from the facet joints or whether some is coming from elsewhere, such as the muscles, bone, other joints, or intervertebral discs. Where all or most of the pain is arising from the facet joints, and assuming your pain is responsive, then 100% relief is not uncommon in the first few hours while the local anaesthetic is working.

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#### Side Effects

As with any procedure, side-effects may occur. These are usually minor but may include:

- Mild local tenderness and/or bruising at the site of the injection; this usually settles over the first few days
- The local anaesthetic may rarely spread causing some numbness and/or weakness in your limbs and other areas. Should this occur, the effect is temporary and should rapidly resolve over minutes or hours.
- Worse pain can occur if the muscles and nerves are very sensitive and have been irritated by the injection. Try not to be inactive but to keep gently moving about and do some gentle stretching.
- Failure of procedure. Injection treatments are not always effective. There are a number or reasons for this, but sometimes they may not help your pain. As medial branch blocks are a tool to help with diagnosis and suitability of more advanced procedures, a proportion of patients will necessarily experience a negative block.

## Complications

Complications from spinal facet joint injections are rare. If they occur you should seek medical attention.

- Infection. If there is local warmth or redness over the site of injection with tenderness and/or you
  feel hot and unwell you should seek advice from your Consultant or GP. This may require
  antibiotic treatment
- Nerve damage. There are important nerves in the spine, but serious nerve injury resulting in weakness, paralysis or permanently worse pain is extremely rare (less than 1 in 10,000 cases)
- Injury or collapse of the lung (pneumothorax). This is a risk of facet joint injections in the thoracic region (upper back, chest). This is very rare. If you get chest pain or breathlessness, you should seek immediate medical help.
- Seizures or strokes. These are risks of injections in the cervical spine (neck). These are
  extremely rare and would usually be apparent to you and your Consultant at the time of the
  procedure.

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