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Cervical, Thoracic, and Lumbosacral Medial Branch Block Information

What are the medial branch nerves and why are medial branch blocks helpful?

Medial branch nerves are the very small nerves that allow one to feel pain from the facet joints. The nerves do not control any muscles or sensation in your arms or legs. They are located along a bony groove in your low back and neck and over a bone in your mid-back.

We have strong evidence to suspect that your facet joints are the source of your pain. Unfortunately, simple joint injections and/or other treatments have not provided you with adequate pain relief. Therefore, you may benefit from having the small medial branch nerves and their pain signals interrupted via a controlled non-surgical heat lesion produced by a special needle. Before interrupting these nerves and their pain signals we first block the medial branch nerve signals with numbing medicine as a test. This tells us whether or not you are likely to benefit from having the medial branch nerves interrupted at a later date by the special radiofrequency needle. This more permanent treatment is called radiofrequency medial branch neurotomy.

What will happen to me during the procedure?

An IV will be started so that relaxation medicine can be given, if needed. After lying on a x-ray table, the skin over the area to be tested will be well cleansed. Next, the physician will numb a small area of skin with numbing medicine (anesthetic) which stings for a few seconds. Next, the physician will use x-ray guidance to direct a very small needle over the medial branch nerves. He will then inject several drops of contrast dye to confirm that the medicine only goes over these medial branch nerves. A small mixture of numbing medicine (anesthetic) and possibly anti-inflammatory cortisone will then be slowly injected.

What should I do and expect after the procedure?

20-30 minutes after the procedure you will move the affected area and try to provoke your usual pain. You will report your remaining pain (if any) and also record the relief you experience during the next week on a "pain diary" we will provide. You may or may not obtain improvement in the first few hours after the injection depending upon if the medial branch nerves that were injected are carrying pain signals from your spinal joints to your brain. Mail the completed pain diary back as directed so that your treating physician can be informed of your results and plan future tests and/or treatment if needed.

On occasion, your neck/back may feel numb or odd feeling for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medicine wears off. Ice will typically be more helpful than heat in the first 2-3 days after the injection. Although the main purpose of this procedure is as a test to see whether you would benefit from a subsequent medial branch neurotomy, on occasion long-term relief can occur from the cortisone that was injected over these nerves. If this occurs, it is usually within 3-7 days after the procedure. You may take your regular medicines after the procedure, but try to limit your pain medicines the first 6 hours after the procedure so that the diagnostic information obtained is accurate.

You may return to your usual level of activity the day after the injection. If possible, it is best not to perform any unnecessary or strenuous work, sport or hobby for 2-3 days after the injection while the medication is starting to work. If anti-inflammatory medication was injected, it will start to work 2-3 days after the injection. If your pain is improved, you may restart your regular exercise/activities/physical therapy 2 days after the injection. Even if you feel significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain. If there is no improvement in 7-10 days then a positive effect on your pain is unlikely. Please record your pain levels during the week following the procedure on a "pain diary" which we will provide to you. Please bring your completed pain diary to your followup visit with your doctor so that further tests and/or treatment may be planned.