

## MEDIAL BRANCH (DORSAL RAMI) BLOCKS

**Q 1. What is a Medial Branch Block?** *It is an injection to numb the facet joints of the spine (back bone). The facet joints connect the posterior elements of the vertebral bodies to one another. The facet capsule can be stretched/strained and joints can become arthritic, and be a source of back pain, sometimes called facet pain.*

**Q 2 Why do medial branch injections?** *To relieve pain. This can be acute pain (eg after an acute injury) or persistent pain (mainly slowly developing arthritis). The procedure may be rescheduled if there is minimal pain (<3/10). Advise your Dr/Office ASAP. In the case of persistent pain, the first injection will also help determine the site of your pain, as pain coming from the spine has many possible causes, which cannot be separated from each other until we block them out one by one.*

**Q 3 What do I need to do?** *Please have nothing to eat or drink for 4 hours before the injection. You can eat and drink afterwards when you feel like it. Please take your normal medications with a sip of water (except heparin, warfarin, Plavix, Iscover or clopidogrel, diabetics on tablets or insulin - please get specific instructions).*

**Q 4 How are the medial branch blocks performed?**

*Come about 1-2 hour before the procedure and plan to spend up to 3-4 hours in hospital. Using local anaesthesia and x-ray or ultrasound guidance in the procedure room, a fine needle is placed near the small nerves/joints in the back/neck, which are then injected with local anaesthetic. Ladies, if you may be pregnant please tell your doctor ASAP.*

**Q 5 What could go wrong?** *The needle could enter a blood vessel and cause a feeling of faintness. The injected medicine can also attach to the nerves to your arm (neck) or leg (low back), causing temporary numbness or loss of function. Very, very rarely, if there it causes a bruise or infection around the spinal cord this could result in permanent nerve injury or paralysis.*

**Q 6 Will I be awake?** *You need to remain as awake as possible during diagnostic medial branch blocks so that so that we can determine if you the blocks have worked or if additional levels need to be injected. If however you are having therapeutic medial branch blocks you may have some twilight sedation.*

**Q 7 What effects will I notice if everything is normal?** *Usually the first thing you will notice is that your pain has gone away. It is possible you will have some temporary weakness in your arms/legs for a few hours.*

**Q 8 What should I worry about?** *It is not uncommon to have a sore back where the needles have passed for a few days. It is important to note how much (if any) your underlying neck/back pain improves – especially how much activity you can do and how many pain medicines you need to take.*

*If you get increasing back pain when you go home, especially if your bladder, bowels or legs stop working normally, you should attend the nearest emergency department quickly, as this may be a sign of early damage to your spine.*

**Q 9 How will I feel after I get home?** *It is very difficult to predict. Most people find their usual pain returns within 1-2 weeks, however 1 in 3 people enjoy this positive effect for weeks to months. For some people the effect is good, but only for a few hours to days. This means we should repeat the process to confirm this positive effect, prior to considering medial branch neurotomy. Medial branch neurotomy is a similar procedure using a needle that burns the nerve to stop it functioning for several months at a time.*

**Q 10 How many Medial branch injections will be needed?** *This will depend on response. If you get pain relief and use this to improve your exercise and mobility, then the number can be minimised. If the first injections last several months the same procedure can be repeated. If it only lasts a few hours, days or weeks, then as mentioned above we may need to consider repeating the block prior to medial branch neurotomy.*

**Q 11 What do I do next?** *Medial Branch Blocks are aimed at reducing your pain, so you can take up the exercise/rehabilitation program we have discussed. The injection alone is not much use, and needs you to work hard at improving your exercise level and mobility for any benefits to be gained.*

More information is available at <http://www.fpmx.com.au/frankston-pain-management-services.html>