



SACROILIAC JOINT INJECTION

WHAT IS A SACROILIAC JOINT BLOCK?

Sacroiliac (SI) joint blocks are injections that are typically used for diagnosing and treating the low back pain associated with sacroiliac joint dysfunction, more common in young and middle-aged women. The SI joint lies next to the spine and connects the sacrum (bottom of the spine) with the pelvis (hip). The sacroiliac joint is the largest joint in the spine. Research shows that the sacroiliac pain is very often confused with back pain from the spine.

MORE INFORMATION is available at

<http://www.fpmx.com.au/solutions.html#diagnostic-procedures>

WHEN IS THE SACROILIAC JOINT BLOCK REQUIRED?

The SI joint block is performed to relieve pain caused by arthritis in the sacroiliac joint, where the spine and hipbone meet. In general, a sacroiliac joint block is performed to achieve one or both of the below goals:

- **Diagnostic:** Diagnostic blocks are to determine the exact structural abnormality, which is causing the symptoms. This is also known as finding the 'pain generator'.
- **Therapeutic:** In this type of an injection, local anaesthetic and corticosteroids are injected to reduce the inflammation at the source of the problem that is causing the symptoms.

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 clopidodrel, diabetics on tablets or insulin - please get specific instructions). Arrange for someone to drive you home after the procedure.

WHAT IS THE PROCEDURE?

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 one or both sacroiliac joints to inject a mixture of local anaesthetic (numbing agent) and a steroid (an anti-inflammatory medicine).

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 legs, causing temporary numbness or loss of function. There is a very small chance of infection or local bleeding causing a lump (haematoma).



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.

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 legs for a few hours.

WHAT SHOULD I WORRY ABOUT?

It is not uncommon to have local tenderness for a few days. Although Side-effects are uncommon they include steroids can cause blurred vision, frequent urination, thirst and elevated blood sugars especially in diabetics. If fever, chills, increased back pain, weakness, loss of bladder or bowel function occurs you should immediately seek medical attention.

HOW MANY SI JOINT INJECTIONS CAN I HAVE?

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. Up to three times per year. If it only lasts a few hours, days or weeks, then we may need to consider performing a radiofrequency neurotomy.