

SELECTIVE NERVE ROOT INJECTIONS

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

Q1. What is a Selective Nerve Root Injection (SNRI)?

A selective nerve root injection is a small volume transforaminal injection performed to identify the origin of nerve root pain, when the diagnosis is not clear after standard evaluation. A SNRI may also be therapeutic by reducing inflammation and pain unsuitable for surgery or due to scarring. A SNRI can be performed in the cervical, thoracic, lumbar or sacral spine.

Q2 How does it work?

Spinal nerves may be compressed or injured by herniated discs, stenosis, facet joint cysts, whiplash injuries causing pain and inflammation. If pain improves after a SNRI, the nerve is the likely cause of the pain, if pain continues, we need to look elsewhere. The SNRI may also reduce inflammation around the spinal nerve and thus reduce/relieve pain.

Q3 How is the injection done?

It is usually performed in a hospital procedure room. Monitoring is applied. The skin is washed with antiseptic and covered with sterile drapes (that patients must not touch). The patient skin is numbed with local anaesthetic. The physician locates, under fluoroscopic (x-ray) guidance, the desired spinal level and introduces a needle through the skin into the area near the nerve root. Anaesthetic and/or steroid (cortisone) is injected into the area bathing the nerve root. Patients may feel pinching, burning, pressure sensations or transient pain during the injection or if a nerve is touched. The procedure takes 15-30 minutes;

Q4 What is the expected outcome?

Pain relief! This is initially due to the injected local anaesthetic. If the injection relieves the patient's pain, the pain was probably coming from the injected nerve root. The steroid also helps reduce inflammation around the nerve root in the following days. Pain relief may last a few days or many months. Some common effects of the local anaesthetic are temporary weakness, numbness or tingling on the affected side, 1-2 weeks injection site tenderness and temporary worsening of the patient's pain.

Q5 What are the Risks?

There is a small risk of dizziness if the medicine is injected into a blood vessel, infection, bleeding, nerve damage, spinal/intrathecal injection with unexpectedly high/dense block and postural headache. There is a small chance of puncturing a lung during thoracic SNRIs. There is a very small risk of catastrophic problem, major nerve damage that may include paralysis. Side effects from the injected steroid may include weight gain, increased blood sugar, fluid retention and immune suppression.

Q6 How many injections will be needed? *If the injection does not fully relieve the symptoms in a week or two, a transforaminal epidural injection with a larger volume of medicine may be recommended. Occasionally, a third injection may be recommended if there is a partial response. The treatment will not work if there is no improvement with 2 injections. If you get 2+ months pain relief and use this to improve your exercise and mobility, you can have 3-4 injections per year or more if steroids are not used with each injection.*

Q7 What should I worry about? *It is possible, especially for older men, to find it hard to pass urine for a few hours. This should settle as the effects of the anaesthetic drugs wear off. Increasing back pain after going home, especially if bladder, bowels or legs stop working normally, requires early attendance at the nearest emergency department, as this may be a sign of developing damage to your spine.*

Q8 What should I do after the procedure? *You must have someone else drive you home from hospital and preferably stay with you for at least 4 hours afterwards. You can go home 2-4 hour after the treatment depending upon the response to the injection. We advise patients to take it easy until the numbing medicine has worn off, then you can perform activity as tolerated. You may apply a covered ice pack to the injection site, if it is sore, 20 minutes hourly on the day of your injection.*

Q9 Can I go to work the next day? *Yes. Unless there are complications, you should be able to return to your work the next day. The most common thing you may feel is injection site soreness. Ice at the injection site will help with the soreness. You may also take paracetamol or ibuprofen for the discomfort.*

Q10 What do I do next? *The SNRI is aimed at finding the source of and reducing your pain, to allow a graded exercise program (eg 10,000 step walking program).*

Important Notes:

You must not eat/drink for 4 hours before the procedure. Expect to spend 4-6 hours in hospital. Please take your normal medicines with a sip of water except blood thinners (aspirin is OK), insulin and diabetic tablets. Please note that herbs like Ginseng, Garlic and Gingko Baloba and Vitamin E are also blood thinning.