

**Patient Information to be retained by patient**

# Spinal injections in the pain clinic

affix patient label

## Who is this leaflet for?

This leaflet is for patients attending the Pain Clinic. It provides information on treating pain with injections of steroid and / or local anaesthetic in or around the spine.

## Will an injection cure my pain?

The purpose is to:

- try to reduce back pain or sciatic pain (pain shooting down one or both legs)
- identify a source of pain.

Unfortunately injections are not a cure and effects last from a few weeks to several months. The reason these are done is to try to provide a 'window' of pain relief to allow physical rehabilitation. Research has shown physical rehabilitation is more likely to improve the condition in the long term.

## What type of spinal injections are there?

- Epidural – injection around the spinal nerves as they exit the spinal cord.
- Nerve root block – injection around an individual spinal nerve.
- Facet joint or sacro-iliac joint injection – used to test whether back pain is coming from the joints of the spine.

## What does the injection involve?

A spinal injection is performed as a day case usually by a pain consultant (an anaesthetic doctor who specialises in pain management). Spinal injections are performed with the patient awake. Local anaesthetic is used to help make the skin numb before the injection.

## How do I prepare for it?

You should continue to take your normal pain medication. If you take anticoagulants (blood thinning tablets) your doctor or health care professional will have discussed adjusting this with you (please ring us in advance to let us know if this is not the case). If you begin this medication whilst waiting for your injection you should tell us immediately.

If you have diabetes, please tell your doctor/ health care professional. The injection may affect your blood sugar levels.

## What will happen during the procedure?

1. You will be asked to sit or lie on a mobile trolley or X-ray table. An X-ray machine is often used to guide the injection. If you think you might be pregnant, please tell the doctor before you have the X-ray.
2. The injection site is cleaned with a sterile antiseptic wipe or spray and local anaesthetic is injected into your skin.
3. Your doctor will then carefully insert a needle into your back. Sometimes a contrast agent is also injected (a liquid which shows up on X-ray) to check the needle is positioned correctly.
4. The local anaesthetic and steroids are then injected around the target area.
5. A small dressing is then applied, which can be removed after 24 hours.

## What happens afterwards?

You will be monitored in the day case unit for a time (depending on the type of injection).

Often there is increased pain, particularly on the two days after the procedure, but occasionally for longer, followed by possible relief. Continue to take your pain medication as normal during this time.

Please make a note of the effect the injection has on your pain. Do an activity that previously provoked your pain. Compare the pain that this causes with the pain that it would have caused before the injection. You may be given a 'pain diary' to help you do this.

Please arrange transport home and do not drive on the day of the procedure as your insurance may be invalid. If you have no transport it is likely the procedure will have to be cancelled. Try to have a friend or relative stay with you for the first 24 hours.

In some cases you will be sent a follow up appointment for review. This will usually be with a specialist physiotherapist.

**Are there any risks or complications?**

No procedure is risk free. Although long-term side effects and complications including increase in pain are uncommon, the possibility cannot be excluded. Short-term side effects of any procedure may include the following.

**Common risks:**

- Pain at the site of injection
- Headache
- Increase in pain generally

**Uncommon but more serious risks:**

- Infection
- Bruising
- Bleeding
- Injury of body structures with the injection procedure

**Uncommon later risks:**

- Minor nerve injury (resulting in new numbness or even weakness that can last several weeks but is not permanent) about 1 in 5000
- Serious complications such as long term nerve damage leading to paralysis or even death are very rare with a probable risk of approximately 1 in 100,000

**Will steroids be used?**

Yes - steroids have been used for epidurals, nerve root blocks and facet joint injections as well as other procedures for many years. They are not licensed for this but it has been accepted as part of the clinical practice, amongst pain management consultants, rheumatologists, orthopaedic surgeons and neurosurgeons.

Steroids work by reducing inflammation either in or around joints, or around nerves and can produce a marked relief of symptoms. Although the effects of steroids tend not to last in the long-term, any short term relief can help you with activities and physiotherapy. Whilst long-term use of steroids are associated with side effects such as weight gain, hair loss, fragile bones, headaches, menstrual irregularity and changes in mood, in the pain clinic setting such side effects are less frequently seen. This is because the steroids have been given as a single dose and occasionally as a few doses.

**What kind of exercise can I do to help my back after a spinal injection?**

A spinal injection is not a cure for back pain. The aim is usually to give a window of pain-free time to progress with exercises. Exercise and normal activity should be regarded as safe, so try to gradually increase your exercise levels as soon as you are able after the injections.

**Can I have a repeat injection if my pain returns?**

The benefits of a spinal injection are variable and can last from a few days up to six months. Sometimes pain can be made worse as a result of the injection. If injections provide significant and long-lasting relief, repeating them may be appropriate in certain patients. This is usually only if injections have allowed painkilling medication to be reduced or stopped and exercise or normal activity to be resumed. This has to be weighed against the risks of repeated long term steroid use and radiation from the X-ray machine.

**Should I still take my painkillers?**

Continue them for two days following your injection. If pain is reduced despite increasing your activity level, try to gradually reduce the number of painkillers that you are taking.

**Contact us**

If you have any questions or need any further information about your procedure, during normal working hours, please phone our secretaries on 01872 252792.

Following your procedure, if you have any questions your first point of contact should be your own GP.

# Facet denervation

affix patient label

## What are facet joints?

The facet joints are small joints that connect the bones in your back (the vertebrae). These joints can get worn and inflamed, causing pain.

## Why do I need facet denervation?

To ease your back pain. You will probably already have received injections into your facet joints. These provide good but temporary pain relief.

Your doctor would now like to perform a more permanent procedure called radiofrequency facet denervation.

## What is radiofrequency facet denervation?

An electrical current is used to disrupt the tiny sensory nerves that supply the facet joints. This may produce longer lasting pain relief.

## Where will I have the procedure?

The procedure is performed as a day case.

## Do I need to do anything before the procedure?

As we use X-rays during this procedure, tell the doctor before you have the X-ray if you think you may be pregnant.

You need to arrange for someone to drive you home afterwards.

## What happens during the procedure?

1. You need to lie face down on a trolley.
2. A plate that conducts and completes the electrical circuit is placed on your thigh.
3. Local anaesthetic is applied.
4. The doctor then places a special needle near the facet joint under X-ray control.
5. A series of electrical tests are performed to ensure that the needle is in the correct position.
6. When the needle is positioned correctly, an electrode is placed through the needle and a radiofrequency current is produced to heat the nerve.
7. The needle is then removed.
8. This process may be repeated at different levels and sides of the facet joints, as appropriate to you. The procedure may take up to an hour, depending on how many sites are being treated.

## Will it hurt?

You need to be awake and co-operative for the procedure. Therefore, local anaesthetic is used to ease any discomfort.

## What happens afterwards?

A small dressing is applied to your back, which can be removed after 24 hours.

You can be taken home after 1-2 hours.

**Will I have any pain?**

You may feel an increase in pain for the first 1-2 weeks, together with tenderness of the surrounding area. Your pain should ease after that time.

As your pain decreases, you should gently encourage your exercise. A slow introduction to activity is usually most successful. Introducing activities such as a daily walk, using a stationary exercise bike or swimming will help you to help you to regain muscle tone and strengthen your back.

**Are there any risks or complications?**

There is a chance that your pain could be worse after your treatment, and there is no guarantee that it will be reduced.

You may also have some bruising.

Very rarely, some permanent damage to neighbouring nerves can occur.

**Will I need another appointment?**

A follow up appointment will be arranged for approximately 2-3 months after the procedure.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

**CONSENT FORM 1**  
**PROCEDURE SPECIFIC PATIENT AGREEMENT**

NHS number: \_\_\_\_\_

Name of patient: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

CR number: \_\_\_\_\_

AFFIX PATIENT LABEL

# Facet joint denervation

**Bilateral / left / right** (delete as appropriate)

Radiofrequency facet joint denervation at the \_\_\_\_\_ spinal level

**STATEMENT OF HEALTH PROFESSIONAL** (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

**I have explained the procedure to the patient.** In particular, I have explained the intended benefits and summarised the risks, as below:

- Pain relief

**Significant, unavoidable or frequently occurring risks:**

- Bruising, discomfort on or after injection, failure to provide long term benefit, numbness over skin of back
- Unlicensed use of steroid medication (steroids)

**Uncommon but more serious risks:**

- Headache secondary to medication; superficial infection; post Dural Puncture headache

**Uncommon possible later issues:**

- Nerve damage, intraspinal bleeding, intraspinal infection
- Spinal cord damage including weakness, paralysis

**Any extra procedures which may become necessary during the procedure:**

- Other procedure (please specify):

**I have also discussed what the procedure is likely to involve,** the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

**I have given and discussed the Trust's approved patient information leaflets for this procedure: Spinal injections in the pain clinic / Facet denervation CHA3652 which forms part of this document.**

**I am satisfied that this patient has the capacity to consent to the procedure.**

This procedure will involve:  General and/or regional anaesthesia  Local anaesthesia  Sedation

Health Professional signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Job title: \_\_\_\_\_

**STATEMENT OF INTERPRETER** (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: \_\_\_\_\_ Name (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet: Spinal injections in the pain clinic / Facet denervation CHA3652 which forms part of this document.

Patient signature: Name (PRINT): Date:

A witness should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: Name (PRINT): Date:

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: Date:

Name (PRINT): Job title:

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: Name (PRINT): Date:

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# CONSENT FORM 1

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