

# Preparing for Spine Injection Therapy

---

## **Why do I need spine injection therapy?**

Your Health Care Provider is recommending spine injection therapy to help relieve your back and neck pain. This will be in addition to other therapies such as medications and physical therapy. The purpose of these injections is to reduce the amount of inflammation (swelling, pain, heat, redness, loss of body function) around the nerves thus reducing the amount of pain.

The medications you will receive with the injections will include:

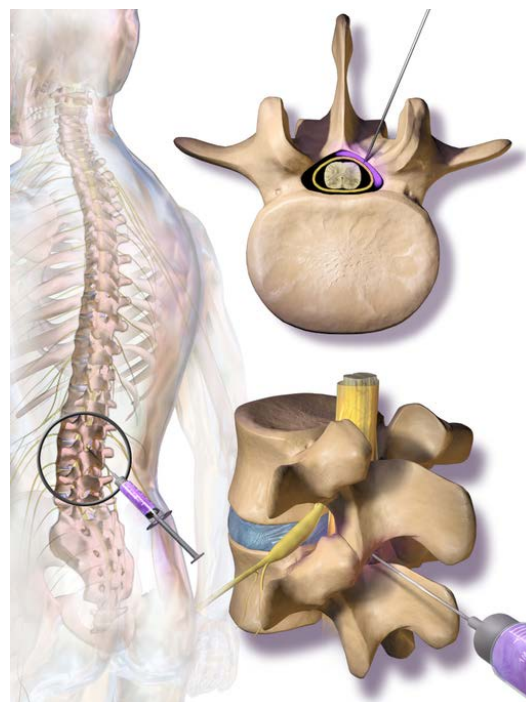
- an anesthetic - medication to numb the painful area.
- a steroid - medication that prevents or reduces swelling and pain (anti-inflammatory).

To reduce your discomfort during the injection procedure, you will receive a numbing medication injection prior to the placement of the needles. You will be lying on your stomach during the injection procedure. We will use a low-dose x-ray (fluoroscopy) to help guide needle placement.

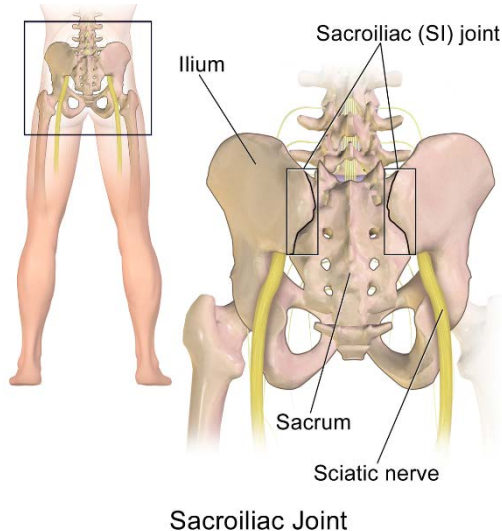
## **What are the different types of injections and procedures?**

Below, is a brief description of the different types of injections we use to deliver pain medication as close as possible to the nerves in the painful area:

- **Epidural injection:** (picture on the right) Epidural injections place 2 medications in your epidural space. This is the space alongside your spinal canal (not inside of it). Nerves from your spinal cord pass through this space. The medications will bathe those nerves. **You must have a driver for this procedure. We will need to reschedule your injection if you do not have a driver with you.**
- **Facet joint injection:** These injections place 2 medications into the joints of your neck or spine. You do not need to have a driver with you.



© Blausen.com staff.



© Blausen.com staff.

- **Si joint injection:** (picture on the left) deliver pain medications into the Sacroiliac joint that connects the hip bones. You do not need to have a driver with you.
- **Hip joint injection:** deliver pain medication to the joint that connect your hip and femur bones (the femur is the bone in the center of the leg that extends from the knee with the hip). You will be lying on your side with your affected side up. For example, if we are injecting your left hip, then you will be lying on your right side. You do not need a driver.

- **Medial Branch/Genicular/Hip Block Injections:** This is a test to see if your pain is coming from a specific nerve. This injection is similar to a facet joint injection, but contains only the numbing medication. You will keep a pain score diary for the rest of the day and the following morning after receiving the injection. You do not need a driver.
- **Radiofrequency ablation:** This is a procedure that uses radio waves and numbing medication to block the nerves that feel pain at the joint. The pain relief effects can last for a long time, but are not permanent. The procedure is similar to the Medial Branch Block but requires additional testing to ensure that the needle is near the nerve before numbing and ablating it. You do not need a driver if you choose not to be sedated, but doctors often order sedation for this procedure. Please see the sections on sedation below.
- **Discogram:** This is a procedure to place dye into your disc(s) to help determine if a tear in the disc is the cause of your pain. A disc is the soft pad positioned in between each of the vertebrae of the spine. You will receive intravenous antibiotics before this procedure to minimize the risk of infection.

### **What should I expect if I receive sedation?**

This is conscious sedation. The medications we give to you will help you relax and reduce your anxiety. You will still be awake for the procedure so we can ask you questions and hear your answers.

### **What are my responsibilities with sedation?**

- You must stop eating and drinking 6 (six) hours before your procedure. This includes gum, mints, water and coffee/tea. Take your morning medications with a small sip of water.
- You **must** have a driver who will check-in with you, and stay in the building while the procedure is underway. If you do not have a driver your sedation will be cancelled. We will monitor you for at least 30 minutes after the procedure before being discharged home.

## **What are the risks and complications for this procedure?**

Risks and complication are rare, but can still occur. You should understand, discuss, and accept these risks before agreeing to the procedure. They include, but are not limited to:

- infection
- nerve damage
- paralysis
- injection failure or a need for further injections or additional procedures
- continued or worsening of symptoms/pain,
- medication reaction,
- dural leak (into the hole covering around the spinal cord. This may cause a spinal headache)
- leak of the medication into the spinal canal, nerves, or blood vessel.

## **What do I need to do before the procedure?**

**If you do not follow these instructions your procedure may be cancelled.**

- Tell us if you are any on major blood thinners such as Coumadin, Xarelto<sup>®</sup>, Plavix, Eliquis<sup>®</sup>, Pradaxa<sup>®</sup>, or others.
  - Contact the doctor who prescribed your blood thinner to ask for permission to stop taking it before you have the injection.
  - Schedule your pain injection procedure after your doctor gave their permission.
  - We will notify you when to stop and re-start your blood thinner.
- Tell us if you have any allergies to contrast dye. If you do, we may give steroids to take before the procedure.
- Tell us if you are pregnant, or possibly pregnant. If so, you cannot receive steroid medications or be exposed to fluoroscopic X-rays.
- Tell us if you have been sick during the 10 days before the procedure. This includes:
  - colds
  - gastrointestinal illness or discomfort
  - dental sores,

- skin infection, or any other type of infection.
- Tell us if you have taken antibiotics during the 10 days prior to the procedure.
- **Do not drink alcohol** the night before or on the day of the procedure.
- You **must** shower the night before **and** on the day of your procedure.
- Wear comfortable, clean clothing.
- If you have an outside MRI (Magnetic Resonance Imaging photo), please bring it with you.

### **What will happen after the procedure?**

- If you did not receive sedation, we will monitor you for 15 minutes after the procedure. If you received sedation, we will monitor you for at least 30 minutes after the procedure

### **How soon can I expect pain relief?**

- You have received 2 types of medications with your injection:
  - an anesthetic - numbing medication which only acts for a few hours
  - a steroid which may take 3-14 days to be effective.
- You can expect to feel your normal pain after the anesthetic wears off, until the steroid becomes effective.

### **How should I care for myself at home?**

- Get plenty of rest and avoid twisting, bending movements, heavy lifting, or strenuous activity for the first 24 hours. This will help the steroid be more effective.
- Resume your pain medications
- Apply ice packs (on for 20 minutes at a time), every 2-3 hours to your injection area for the first 2-3 days to help with pain control.
- Avoid heat (pads or water bottles), which can cause the veins to open up, making the steroid less effective. You can use heat after 48 hours.

- **Take showers only** for the first 48 hours. No baths, hot tubs, swimming, or soaking for 48 hours to reduce the risk of infection.

### **What should I call the doctor?**

Call us if you have any of the following:

- Fever more than 100.5 degrees Fahrenheit)
- Signs of infection
- Severe headache
- Severe back pain
- Increased numbness or weakness in your legs or arms
- Loss of bladder or bowel control
- Nausea
- Other concerns

### **What is the contact information?**

- During normal business hours Monday–Friday Call (734) 936-7175.
- After business hours, on weekends and holidays call (734) 936-6267 and ask for the doctor on call.

Full Image credit: © Blausen.com staff. "[Blausen gallery 2014](#)". Wikiversity Journal of Medicine. DOI:10.15347/wjm/2014.010. ISSN 20018762. Own work. via Wikimedia Commons [CC BY 3.0](#)

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by [Michigan Medicine](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 08/2018