Facet Joint Injection Information

Why use this treatment?
There are many small facet joints in the bony spine. They are found where the small bony projection on one vertebra meets another bony projection from the vertebra above or below. With conditions like injury or arthritis, the facet joints can become inflamed. This procedure is done to reduce inflammation in those joints.

- In lower back (lumbar) facet joint pain, there is usually achiness in the low back, radiating across the lower back and slightly down the back of the buttocks and upper thighs. Usually, standing or bending backward worsens the pain.
- For neck (cervical) facet joint pain, there is usually achiness in the neck, with slight radiation across the neck and shoulders. Pain may get worse when the head is turned from side to side or by looking up.

How does a facet joint injection work?
A facet joint injection is an injection of an anti-inflammatory steroid in or near the facet joints. The joint is bathed in the medicine. The injection is given to reduce inflammation and provide pain relief for anywhere from several days to several months. If you get relief, you may be a candidate to have repeat facet joint injections.

How is the procedure done?
You will be placed on an x-ray table and your skin will be cleansed and prepared. A local anesthetic is given to numb the area. A physician uses an x-ray machine (fluoroscopy) to locate the painful facet joints. A needle is then inserted and an anesthetic and steroid medication is injected into the area bathing the joint and associated nerves.

What are the risks?
This procedure is safe and has very few risks. However, with any medical procedure there are risks, side effects, and the possibility of complications. The most common side effect is increased pain from the injection (usually temporary), inadvertent puncture of the sack containing spinal fluid which may cause a headache, infection, bleeding. Nerve damage occurs very rarely. While extremely rare, as with any invasive procedure, the risks of paralysis and death are possible.
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After your procedure:

Immediately after the injection, you may notice that your pain may be gone or considerably less. This is due to the effect of the local anesthetic and usually lasts only for a few hours. Your pain may return and you may have some soreness at the injection site for several days. You may notice some pain relief initially, but it may take up to 14 days to receive the full effect of the injection.

You were given a number of medications during your procedure, including sedatives, steroid medication, local anesthetic. Any of these medications can sometimes cause temporary drowsiness, forgetfulness, numbness, weakness or soreness. For your safety, it is important that you:

- Rest for a few hours after the procedure. Walk with assistance as long as you are having any numbness, weakness or drowsiness.
- Do not drive or operate heavy machinery or power tools for at least 12 hours.
- Do not make any important decisions for 12–24 hours after the procedure.
- Resume your regular activity slowly. Do not overdo!
- You may eat your regular diet.
- Take your regular medication. If you are diabetic, contact your family doctor if your blood sugar readings are higher than usual.
- Use ice packs at the injection site for the next 24 hours. Don’t leave the ice on for longer than 20 minutes at a time.
- Use heat only according to the instructions that you were given.

Notify us if:

- There is a major change in pain level or if your pain pattern is different. Remember, your pain may be much better immediately after the injection, but it will be at least two days before you notice significant pain relief.
- You develop chills or a fever over 101°F in the next 3 days.
- There is any abnormal bleeding or drainage from the injection site.
- Please call the office during business hours whenever possible.
- You can reach the answering service at (616) 776-9643 after the office is closed.
- Report to the nearest emergency room if you are unable to contact Javery Pain Institute.
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___________________________________________  _______________________
Patient Signature                            Date

___________________________________________  _______________________
Clinical Witness                             Date