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Cervical, Thoracic and Lumbar Facet Joint Injection Information

What are the facet joints and why are facet joint injections helpful?

Cervical facet joints are small joints located in pairs on the back/side of your neck whereas thoracic facet joints are in your mid-back and the lumbar facet joints are in your lower back. These joints provide stability and guide motion in your spine. If the joints become painful due to arthritis, injury or mechanical stress they can cause pain in various areas. The cervical facet joints can cause pain in your head, neck, shoulder or arm whereas the thoracic facet joints can cause pain in your mid-back, chest and on rare occasion your arm. The lumbar facet joints can cause pain in your lower back, hip buttock or leg.

A facet joint injection serves several purposes. First, by placing numbing medicine into the joint, the amount of immediate pain relief you experience will help confirm or deny the joint as a source of your pain. That is, if you obtain complete relief of your main pain while the facet joints are numb, then these joints are likely your pain source. Furthermore, time-release cortisone will be injected into these joints to reduce any presumed inflammation, which can, on many occasions, provide long-term pain relief.

What will happen to me during the procedure?

An IV will be started so that adequate relaxation medicine can be given, if needed. After lying on an x-ray table, the skin over the area of the spine treated will be well cleansed. Next, the physician will numb a small area of skin with numbing medicine (anesthetic) which stings for a few seconds. Next, the physician will use x-ray guidance to direct a very small needle into the joint. He will then inject several drops of contrast dye to confirm that the medicine only goes into the joint. A small mixture of numbing medicine (anesthetic) and anti-inflammatory cortisone will then be slowly injected.

What should I do after the procedure?

20-30 minutes after the procedure you will move your area of usual discomfort to try to provoke your usual pain. You will report your remaining pain (if any) and also record the relief you experience during the next week on a "pain diary" we will provide. You may or may not feel improvement in the first few hours after the injection depending upon if the joints that were injected are your main pain source. Mail or fax the completed pain diary back as directed, so that your treating physician can be informed of your results and plan future tests and/or treatment if needed.

On occasion, the part of your spine that was treated may feel slightly weak or odd for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medicine wears off before the cortisone becomes effective. Ice will typically be more helpful than heat in the first 2-3 days after the injection. You may begin to notice an improvement in your pain 2-5 days after the injection. If you do not notice improvement within 10 days after the injection, it is unlikely to occur. You may take your regular medications after the procedure, but try to limit any pain medications for the first 4-6 hours after the procedure. This will ensure that the diagnostic information obtained from the procedure is accurate. You may be referred for physical or manual therapy after the injection while the numbing medicine is effective and/or over the several weeks while the cortisone is working.

On the day of the injection you should not drive and should avoid any strenuous activities. On the day after the procedure you may return to your regular activities. When your pain is improved, start your regular exercise in moderation. Even if you are significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain.