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Sacroiliac Joint Injection Information

What is the sacroiliac joint and why is a sacroiliac joint injection helpful?

The sacroiliac joint is a large joint in your lower back and buttocks region. When the joint becomes painful, it can cause pain in its immediate region or it can refer pain into your groin, abdomen, hip, buttock or leg.

A sacroiliac 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 joint is numb it means this joint is more likely than not your pain source. Furthermore, time-release cortisone will be injected into the joint to reduce any presumed inflammation, which on many occasions can provide long-term pain relief.

What will happen to me during the procedure?

If needed, an IV will be started so that adequate relaxation medication can be given. After lying on an x-ray table, the skin over your lower back/buttock will be well cleansed. Next, the physician will numb a small area of skin with numbing medicine (anesthetic) which stings for a few seconds. The physician then 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 medication only goes into the joint. A small mixture of numbing medication (anesthetic) and anti-inflammatory cortisone will then be slowly injected.

What should I do and expect after the procedure?

20-30 minutes after the procedure, you will move your back 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 obtain improvement in the first few hours after the injection, depending on if the sacroiliac joint is 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, you may feel numb, slightly weak or have an odd feeling in your leg for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medication wears off before the cortisone is 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 them for the first 4-6 hours after the procedure, so 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 next 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/activities in moderation. Even if you are significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain.