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Cervical, Thoracic, or Lumbosacral Spinal Nerve Injection
(Diagnostic Transforaminal Injection)

What is a spinal nerve and why is a selective spinal nerve block helpful?

Spinal nerves exit your spinal cord and form nerves that travel into your arms or legs. These nerves allow you to move your arms, chest wall, and legs. Inflammation of these spinal nerves may cause pain in your arms, chest or legs. These spinal nerves may become inflamed and painful due to irritation, usually from a damaged disc or bone spur.

A selective spinal nerve block provides important information to your care provider. It helps prove which nerve is causing your pain by placing temporary numbing medication over the nerve of concern. If your main pain area improves after the injection, then the nerve that was injected is most likely causing your pain. If your pain remains unchanged, then that nerve probably is not the cause of your pain. Confirming or denying that a nerve is your exact source of pain provides information allowing for proper treatment of your condition.

What will happen to me during the procedure?

An IV is often started for safety reasons and to give medication for sedation. You will lie down on the procedure table and the skin over the area to be injected will be cleansed. The physician will numb the small area of skin where the needle will be placed. Next, the physician will use x-ray guidance to direct a small needle next to the spinal nerve. He will then inject contrast dye to confirm that the medicine flows around the spinal nerve. This may increase your usual pain briefly. Lastly, numbing medicine will be injected along the spinal nerve to help diagnose if that nerve is the source of your pain. Cortisone (strong anti-inflammatory) may or may not be injected at the same time, depending upon your doctor's order.

What should I do and expect after the procedure?

20-30 minutes after the procedure you will be asked to try to provoke your usual pain. You may or may not feel improvement at that point, depending on if the nerve that was injected was your main pain source. Because of the anesthetic used, you may have some partial numbness or weakness in the region of your body supplied by the nerve injected. This may last several hours, but you should be able to function safely, if you take the proper precautions. You should not drive the day of the injection. You may take your regular medicines after the procedure, but try to limit your pain medicines the first 4-6 hours after the procedure so that the diagnostic information obtained from the procedure is accurate. You may notice an increase in your pain lasting for several days. This occurs between when the numbing medicine wears off and before the cortisone becomes effective. Ice will typically be more helpful than heat in the first 2-3 days after the injection.

You may return to your usual level of activity the day after the injection. If your pain is improved, start your regular exercise/activities in moderation. Even if you feel significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain. If there is no improvement in 7-10 days, then a positive effect on your pain is unlikely. Please record your pain levels during the week following the procedure on a "pain diary" which we will provide to you. Mail 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.

****NOTE**** If your pain level is less than 3 out of 10 (with 10 being the worst pain imaginable), please call our office. It may be necessary to reschedule when the pain is stronger so the test is more accurate.