



# Lumbar Medial Branch Blocks and Sacro-Iliac Block Injections

Information for patients



**New Hall  
Hospital**

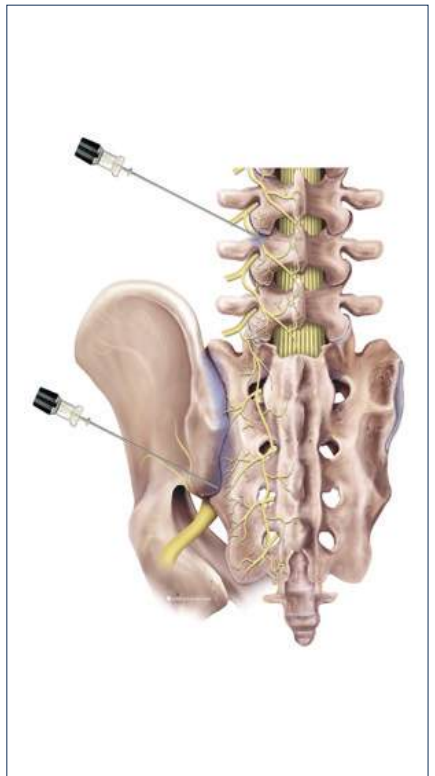
Part of Ramsay Health Care

## What is a **Medial Branch Block (MBB) Injection?**

A local anaesthetic is injected around the nerve that sends the pain signal from the joint in your back, that may be contributing to your low back pain. This nerve is called the Medial Branch of the Posterior Dorsal Ramus. By placing anaesthetic or a 'block' around your nerve, it stops it sending its pain signal temporarily. Usually the injections are done over several levels in the spine. They may be done on one side, or both sides, depending on where your symptoms are. Your lumbar facet joints can refer pain into the upper part of your leg. Usually the back pain is worse than the leg pain. The injections are more likely to change symptoms in the back than the leg.

## What is a **Sacro-Iliac Block Injection?**

In a process similar to the Medial Branch Block, your nerves that supply the sacroiliac joint are anaesthetised (blocked) to temporarily stop them sending a pain signal. The Sacro-Iliac joint is the joint between the sacrum (base of the spine) and ilium (wing of the pelvis). The joint is supplied by nerves from the back, (ventral rami L4 and L5) and superior gluteal nerve, but predominantly the Sacral Dorsal Rami nerve. Your Sacro-Iliac joint tends to give a specific spot of pain over the joint, but can also refer pain down your leg. Only one area is blocked, (either the lumbar branch or Sacro-Iliac branch) as the procedure is designed to diagnose which area is causing your symptoms.



# Why do I need this injection?

The injection will help us diagnose which structures are causing your symptoms.

- Placing a local anaesthetic around your joint and nerve, temporarily numbs it. It is useful to know whether you then notice any change in your symptoms in your back, buttock or your leg while the anaesthetic is working for the first 6 hours after the injection.
- While the local anaesthetic is active, you may notice some temporary numbness and/or weakness in your leg.

What next?

- If you get a change in your symptoms after the injection, then this confirms that the structures supplied by the nerve that was blocked (or anaesthetised) are, at least in part, responsible for those symptoms. You could potentially be a candidate for a procedure called Rhizolysis.
- If you do not notice any change in your symptoms, then the structures supplied from the nerve that was blocked (or anaesthetised) are not responsible for your symptoms.

## Consent

Your spinal specialist will explain the risks and benefits of the procedure. These are also outlined in this leaflet. You will be asked to sign a Consent Form prior to the injection. If you have any questions, then please feel free to ask any member of the Spinal Team. There is also a patient information leaflet on consent, that you can read for more information - please ask if you would like a copy.

## What are **the risks?**

### Common

- Pain and bruising at the injection site. This will improve after a few days and not everyone experiences it.
- Feeling faint as your blood pressure may temporarily reduce.

## Rare

- Allergic reaction to the local anaesthetic, dye, antiseptic or plasters used. If you have any known allergies, then please advise your spinal medical team prior to the procedure.
- Infection at the needle site.

## Very Rare

- For Lumbar Medial Branch Blocks, there is a risk of irritation to your nerve root, which sits in front of the joint, via trauma from the needle or a bleed around the nerve. Any of these complications can apply pressure to your nerve root which may lead to an increase in leg symptoms. It is very rare for permanent damage to occur to a nerve outside the spinal column and the injection is done under X-Ray guidance, so the Consultant can accurately place the needle.

## What are **the benefits?**

- Response to the local anaesthetic can confirm that we have identified the correct structure responsible for your symptoms. You may then be eligible for a further procedure called rhizolysis, or frequency nerve ablation.
- By reducing your pain, you may then be able to engage with other beneficial activities such as exercise or Physiotherapy.

## How do **I prepare?**

### **Please advise us if any of the following apply:**

- You have tested positive for MRSA.
- You are feeling unwell or have a temperature.
- You have been admitted to hospital since being placed on the waiting list for the injection.
- There is any possibility you might be pregnant. The injection is done using an X-Ray.

- If you have a blood clotting disorder.
- If you are taking any medication that thins your blood such as:
  - Aspirin or Warfarin
  - Injections such as Warfarin, Heparin, Dalteparin or Enoxaparin
  - Anti-Platelet drugs such as Clopidogrel, Rivaroxaban, Apixaban, Dabigatran, Edoxaban, Ticagrelor, Dipyridamole

If you are not sure about your medication you can check it using the British National Formulary website: [bnf.nice.org.uk](http://bnf.nice.org.uk)

Please ensure that a responsible adult accompanies you to the hospital and is able to drive you home afterward. This is because you will be unsafe to drive after the procedure due to the potential numbing effect of the local anaesthetic on your leg. We do not recommend that you use public transport. By the following day the numbness should have worn off.

## What happens **during the procedure?**

You will be sent an appointment to come to the hospital to have your injection. Expect to be in the hospital for 3-4 hours, although often you may be able to go home more quickly than this. You will be asked to change into a hospital gown.

The needle site area will be cleaned with antiseptic solution. Your injection is done under X-Ray guidance. You will be asked to lie on your tummy. Local anaesthetic will be injected to numb the skin, which can sting. A fine needle is then introduced down to the nerve to be blocked and more anaesthetic will be introduced around it. The needle will then be removed. By doing your injection with local anaesthetic, there is an added advantage of assessing whether you notice a change in your symptoms after the injection, as you will be alert and able to record this whilst the anaesthetic is active (approximately up to 6 hours). The whole procedure takes less than 30 minutes.

## What happens **after the procedure?**

You will be transferred to a recovery area. When you feel sufficiently well enough and staff are satisfied with your vital signs, you will be discharged. The person accompanying you can then drive you home. Make a note of any changes in your back, buttock or leg pain for the first 6 hours after the injection. You may choose to use the pain diary at the end of this leaflet to record the change in pain levels as they occur.

It's very common for the pain to return the following day after the injection. We therefore recommend that you continue with your usual pain relief medications. The following day you can gradually and gently return to normal day to day activities. We would advise you to avoid strenuous activity for 48 hours after the injection.

## Will I have a **follow up appointment?**

No, you will remain on a 'patient initiated follow up' (PIFU) pathway for 6 months to 1 year. This means that you will need to contact your spinal specialist's secretary to book a follow up if you want to be reviewed. The numbers to contact are at the end of this leaflet.

## Who do I contact **if I have concerns?**

**If you are worried about any symptoms after your injection you can contact the nursing team.**

Remember it is common to experience temporary increase in symptoms in the neck and arm after the local anaesthetic wears off. You should manage this by taking pain relief as prescribed by your GP and adjusting your activities.

### **Contact us if:**

- Your injection site shows signs of infection such as discharge or redness/swelling or if you have a fever or feel unwell.

- You experience unremitting severe pain, or new pain, weakness or altered sensation in a different place or limb from your symptoms prior to the injection.

If you are unable to reach the team or you have an urgent query outside of the hours the nurses are available, contact your GP or local Out of Hours Service.

### **Useful Contact Numbers:**

#### **For Medical Enquiries Call:**

**New Hall Hospital Switchboard:** 01722 422 333 **and speak to the operator** then ask to be directed to: The Outpatient Department.

#### **To book a Follow Up Appointment Call:**

**New Hall Hospital Switchboard:** 01722 422 333 **and speak to the operator:**

NHS Patients: Ask to be directed to Spinal Secretaries

Private Patients: Ask to be directed to your Consultants Private Secretary

# Pain Diary:

Pain score: 0 is no pain, 10 is very severe pain.



	Back Pain	Buttock Pain	Leg Pain
Prior to injection			
First 6 hours after injection			
24 hours after injection			
Two weeks after injection			
One month after injection			
Two months after injection			

## References and useful links:

- <https://ramsayhealth.co.uk/hospitals/new-hall-hospital/treatments/spinal-services>, click on the services button for more information
- <https://tamethebeast.org>
- British National Formulary. <https://bnf.nice.org.uk/treatment-summary/oral-anticoagulants.html>