



Lumbar/Thoracic Medial Branch Nerve Block Information Sheet

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WHAT IS A FACET JOINT AND WHAT IS A MEDIAL BRANCH BLOCK?

Facet joints are small joints in the back of the spine that form connections between each vertebra. Sometimes these joints can be painful. Medial branch nerves are very small nerve branches that carry pain signals from facet joints to the brain where pain is experienced. If these nerves are blocked or anesthetized (i.e. numbed), they will not be able to transfer the pain signals from the joints to the brain. Lumbar or thoracic medial branch nerve blocks are performed in order to diagnose if your back pain is caused by the facet joints. Typically, the diagnostic procedure is performed twice (on separate days) to ensure an accurate diagnosis.

HOW IS THE PROCEDURE PERFORMED?

The patient lies on his/her stomach. The skin of the back is cleansed with antiseptic solution and a sterile field is created. A small amount of anesthetic is used to numb the skin. Under X-ray guidance (fluoroscopy), a small needle is advanced to the targeted medial branch nerve. A small amount of contrast dye is injected to ensure accurate needle placement, then a local anesthetic is injected to numb ~~to the~~ the nerve. The injection takes about 5-10 minutes to complete.

HOW LONG DOES THE EFFECT LAST?

The effect will last a number of hours and depends on the specific local anesthetic used. This is strictly a diagnostic block to test if the facet joint(s) are in fact the source of your pain.

WHAT IS THE NEXT STEP AFTER THE INJECTION?

If you have excellent pain relief from two medial branch blocks with different local anesthetics, you may be eligible for radiofrequency neurotomy of the medial branch nerves. This is a procedure that will provide pain relief for a longer period of time (months to years). You will receive a pain log in order to accurately record how much pain relief you experience from the injection. It is very important for you to fill out your pain log and follow instructions on how to return that information to Dr. Michalik's office.

WHAT ARE THE RISKS AND SIDE EFFECTS?

Serious side effects and complications are rare. The most common problem after the injection is having pain in the area of the injection for up to a few days. The other potential complications are infection, bleeding and nerve injury. These complications are minimized by using sterile technique and fluoroscopy for x-ray needle guidance.