

## FACET JOINT PAIN BROCHURE

Printer can add physician practice logo and information to customize.

4 color over 4 color. Four panel. Half-fold and then half-fold again. Bleed top and bottom. PDF format.

PRACTICE INFO  
GOES HERE AND/OR  
MAIL INFO



# FACET JOINT PAIN

## MANAGING FACET JOINT PAIN

### WHAT IS FACET JOINT PAIN?

Facet joints are part of the structure of your spine. Your spine comprises three areas: cervical (your neck), thoracic (upper back), and lumbar (lower back). The cervical has seven vertebrae, the thoracic has twelve, and the lumbar has five. Facet joints are where the vertebrae come together. There are two facet joints at the top of each vertebra and two at the bottom. These facet joints link each vertebra with the vertebra directly above and directly below. Each of these facet joints

CERVICAL SPINE (C1-C7)  
THORACIC SPINE (T1-T12)  
LUMBAR SPINE (L1-L5)  
SACRUM (S1-S5)  
COCCYX



is connected to two nerves that send pain signals to the brain. In patients with chronic low back pain, facet joints might be the source of that pain in 15% to 45% of patients; for chronic neck pain, 36% to 60% of patients; and for thoracic pain, 34% to 48% of patients.

The pain coming from your facet joints could be caused by injury. Just like other joints in your body, facet joints can be affected by arthritis. Pain can also be caused by the thinning of the cartilage that surrounds the facet joint. This thinning is a normal condition of getting older.

### HOW IS FACET JOINT PAIN DIAGNOSED?

Pain in one area of your body often has its source in a totally different area. For example, a problem in your neck can cause pain in your head, your shoulder blades, or somewhere in-between, on either the left or right. A problem in your mid or upper back can cause pain in your shoulders, upper back, lower back, or hips, on either the left or right. A problem in your lower back can cause pain in your lower back or your

buttocks, on either the left or right.

In order to pinpoint the cause of your pain, your interventional pain physician will perform one or more controlled comparative diagnostic nerve blocks. You will receive these diagnostic injections if your doctor determines you are an ideal candidate for them. Ideal candidates have the following: Somatic (skeletal muscle) or non-radicular (non-nerve root) pain and/or lower extremity pain (for lumbar); upper back or chest wall pain (for thoracic); persistent and disabling axial neck and/or upper back pain or suspected cervicogenic headache (for cervical). In addition, the duration of pain should be at least 3 months; on a scale of 1 to 10 the pain must be 5 or greater; there should be a lack of radiculitis (nerve root inflammation); a lack of disc herniation; and a failure to respond to more conservative management methods, including physical therapy modalities with exercises, chiropractic care, and the use of nonsteroidal anti-inflammatory drugs.

### TREATMENT OPTIONS: INJECTIONS

If it is determined you are a good candidate, your doctor might decide to perform either a facet joint injection or a medial branch block. Radiofrequency neurotomy is another treatment option that will be explained later.

A therapeutic injection is intended to treat the affected

#### Facet Joint Injection



A facet joint block injection can confirm whether the facet joints are indeed the source of pain and can help relieve the pain and inflammation. The skin is numbed with a local anesthetic injection. Guided by fluoroscopic x-ray, a needle is placed into the facet joint. A combination of a numbing anesthetic and an anti-inflammatory steroid medication is delivered to the joint through a thin needle. Depending on the location of pain, one or more injections may be administered. If the pain subsides after the injection, this suggests that the facet joint (or joints) injected were the cause of pain. It usually takes 5 to 10 days for the steroid medication to reduce inflammation and alleviate pain.

BACK PANEL (MAIL PANEL)

FRONT PANEL

PAGE 1 PANEL

PAGE 2 PANEL

area. This injection will contain an anesthetic and a steroid. The anesthetic numbs the affected nerve; the steroid is for the treatment of your pain caused by inflammation. An injection into the facet joint is called intraarticular; blocking the nerves coming off the facet joint is called a medial branch block or facet joint nerve block.

### TREATMENT OPTIONS: RADIOFREQUENCY NEUROTOMY

This option involves interfering with a nerve's ability to send pain signals to the brain. Also known as denervation, it is accomplished by using concentrated and targeted radio

#### Medial Branch Block



A contrast dye is injected. The contrast solution helps the physician see the area on a camera called a fluoroscope.



An anesthetic is injected. This medication is injected around small nerves called the medial branch nerves. These carry signals to and from the facet joints. The anesthetic will temporarily block sensation in these nerves. If temporary injection relieves the patient's pain, the physician may inject a more long-lasting anesthetic.

waves to heat the nerve. Some interventional pain physicians use a laser to heat the nerve. Another way to do this is with extreme cold, called cryoneurolysis.

### HOW DO I PREPARE FOR MY PROCEDURE?

Based upon your individual situation, your doctor or your doctor's medical staff will give you specific instructions on how to prepare for your procedure. In general, you will be instructed not to eat or drink the night before. If you are taking medications, you will be given instructions on whether or not to take them. Also, if you are taking a blood thinner, such as Coumadin, you should tell your doctor. Many over-the-counter medicines such as aspirin and ibuprofen also thin the blood. Stroke prevention medications, such as Plavix, affect blood thinness and clotting. Be sure to let your doctor know the name of every single medication you take. You might be instructed to temporarily stop using these medications for as much as a week prior to your procedure.

### WHAT SHOULD I EXPECT DURING MY PROCEDURE?

To help you relax, you will be given an IV. A local anesthetic will be applied to your skin. Using a thin needle, the doctor will inject you either on the facet joint or outside the facet joint, next to the nerve. The doctor will use a special type of x-ray called fluoroscopy to help guide the needle's positioning. A dye might first be injected to make sure the medicine will go to the right place. When your doctor is sure the needle is in the right place, the anesthetic or anesthetic and steroid will be injected.

If you will be receiving radiofrequency or laser neurotomy, or cryoneurolysis, a small tube called a cannula will be inserted. A probe that actually performs the denervation will be placed inside the cannula.

### WILL I FEEL BETTER IMMEDIATELY?

After your recovery on-site, you will be released to go home. Someone will need to drive you, since you should not drive or operate machinery for 12 hours after treatment. Also, you should not make important decisions for 12-24 hours. You might require some assistance in walking or getting around. Basically, just rest and take it easy. You can take your usual medication when you get home and even resume your regular diet. If your injection site hurts, ice or heat can be applied. If your IV site hurts, place a warm towel on it for twenty minutes, two-to-three times a day.

### Radiofrequency Neurotomy

This minimally-invasive procedure reduces or eliminates the pain of damaged facet joints by disrupting the medial branch nerves that carry the pain signals.

A needle-like tube called a cannula is inserted and positioned near the irritated medial branch nerves. An X-ray or fluoroscope is used to help position the cannula properly.

A radiofrequency electrode is inserted through the cannula.

The surgeon uses the electrode to heat and cauterize the nerve. This disrupts its ability to communicate with the brain, blocking the pain signals.

After the procedure, the electrode and cannula are removed. The patient usually has full relief from pain within a month.

Most patients tolerate this procedure quite well. However, if there is a major change in your pain pattern or the amount of your pain, if you have excessive or abnormal bleeding, or if you experience persistent chills or a fever over 100°F, call your doctor's office right away. If you cannot reach the office, go to the nearest hospital emergency room.

Some patients will feel immediate pain relief. You might even want to move the area in the same way that used to cause pain, just to see how well your injection is working. Please, do not move the area too much or too quickly! Immediately following your procedure you might feel some muscle weakness or numbness. This is normal and should go away in a few hours. Pain is common in the days following a facet joint injection. You might be given a pain journal to track how your pain goes away in the days after your procedure. It could take two or three days before you start feeling relief from your pain. In some people it can take up to two weeks before the maximum amount of pain relief is felt. Some tenderness at the injection site could also occur.

Returning to work or other daily physical activities depends on your individual situation. Your doctor will discuss this with you. Your doctor might also suggest a course of physical therapy after your procedure. The exercises prescribed will help the affected area and aid in your general health and well-being.

### COMPLICATIONS

Spinal injection procedures are generally safe procedures. If complications occur, they are usually mild and self-limited.

The risks of spinal injections include, but are not limited to:

- Bleeding
- Infection
- Nerve injury
- Arachnoiditis
- Paralysis
- Avascular necrosis
- Spinal headache
- Muscle weakness
- Increased pain

Common side effects from steroids include:

- Facial flushing
- Increased appetite
- Menstrual irregularities
- Nausea
- Diarrhea
- Increased blood sugar
- Arthralgias

Some people are not good candidates for spinal injections. These include people with:

- Active systemic infection
- Skin infection at the site of needle puncture
- Bleeding disorder or anticoagulation
- Uncontrolled high blood pressure or diabetes
- Unstable angina or congestive heart failure
- Allergy to contrast, anesthetics, or steroids

LOGO  
PRACTICE NAME  
PHYSICAL ADDRESS  
PHONE | FAX  
WEB ADDRESS | EMAIL ADDRESS

INSIDE SPREAD PANELS



### ORDERING INFORMATION:

American Society of Interventional Pain Physicians, 81 Lakeview Drive, Paducah, KY 42001. 270.554.9412. <http://www.asipp.org/brochures/default.html>