

# Sacro-Iliac Joint Injection

Information and advice for patients

## *Pain Management*

Your doctor at the Pain Management clinic has suggested that a sacro-iliac joint injection may help ease your pain. This leaflet will briefly explain the treatment. It is important that you understand the treatment you will be receiving.

### **What is a sacro-iliac joint?**

The sacro-iliac joint is at the base of your spine, where the sacral (lowest) vertebrae connect to the pelvis.

### **How does the injection work?**

The joint is injected with a local anaesthetic and an anti inflammatory drug (steroid), which should help to reduce your pain.

How long the pain relief lasts, varies from person to person. It may last from a few days to several months.

### **What are the benefits?**

The benefit of the sacro-iliac joint injection is that they can reduce your pain by up to 50% and may help to improve your movement if followed by physiotherapy.

### **What are the risks?**

There is little evidence about the risks of the injections however possible risks include:

- Occasionally bruising may occur around the site of the injection
- The steroid part of the injection can take several weeks to take full effect so the pain may worsen. This is normal and should settle.
- Sometimes people can faint during, or after, the injection. We will monitor your blood pressure and ask you to rest after having the injection.
- There is between 1-2% risk of infection, and between 0.1% - 0.01% risk of severe infection. This risk is increased for people with diabetes.
- Allergic reaction to the injection, although this is very uncommon and occurs in less than 1 in 7000 procedures. It can be just a rash, or, even more rarely, a life threatening event. We will provide treatment for this if you have a reaction.
- If you have diabetes, we will monitor your blood sugar levels after the procedure as the steroid can increase them.
- In most cases, the injection will only give temporary pain relief and you will need other treatments alongside it.

### **Are there any alternative treatments?**

Alternative methods for managing your pain include other medication, physiotherapy, acupuncture, TENS or attending a Pain Management Programme.

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### **Preparing for the procedure**

Please let us know if you are taking anticoagulant medications (blood thinners) such as clopidogrel (Plavix), warfarin or dipyridamole. You may need to stop these before the procedure.

If you are taking Warfarin we will need to do a blood test before you have the procedure. Please be aware that this may cause a slight delay to your treatment.

**You can continue to take all other medications as prescribed.**

You may eat and drink as normal.

### **The procedure**

You will be admitted to the Minor Ops unit in the Birmingham Treatment Centre. Please note that this is a mixed sex facility.

When you arrive, a nurse will check your blood pressure and give you a gown to put on. The doctor will then explain the procedure and ask you to sign a consent form. Please make sure that you understand the procedure and ask any question.

### **During the procedure**

The whole procedure takes around 20 minutes. An ultrasound scanner or x-rays will be used throughout the procedure to ensure the correct area is injected.

This is what happens:

1. You will be taken to the procedure room and asked to lie on the operating table.
2. The doctor will inject the area to make it numb
3. Once numb, the doctor will inject the joint.

Some patients find the injections painful, but this discomfort should settle quickly.

### **After the procedure**

After having the injection, you will be asked to rest on the unit for half an hour. When you feel ready, and the staff are happy with your condition, you will be able to go home, accompanied by a friend or relative. You must not drive a vehicle yourself or travel on public transport to get home.

Once home you should take it easy for the rest of the day, but start normal activities again the next day. The steroid injection may take a few days to start acting and relieving the pain. Initially the pain may even feel worse, but this should settle. It is important that you continue taking your usual pain killers until the injection starts to work.

### **Follow up**

After the procedure we will discharge you back to the care of your GP. They will review your progress and request re-referral back to the Pain Clinic if they deem this to be necessary.

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### Contact details

If you have any questions or concerns please contact us on:

Tel: 0121 507 4344 / 5602 / 4866

Monday - Friday 9am - 4pm

If you have any problems outside these times, or are experiencing severe side effects, please contact your GP.

### Further information

More information with regards your condition, treatment options and support groups, can be found at:

- [www.painrelieffoundation.org.uk](http://www.painrelieffoundation.org.uk)
- [www.painsociety.org](http://www.painsociety.org)
- [www.painconcern.org.uk](http://www.painconcern.org.uk)

For more information about our hospitals and services please see our websites [www.swbh.nhs.uk](http://www.swbh.nhs.uk) and [www.swbhengage.com](http://www.swbhengage.com), follow us on Twitter @SWBHnhs and like us on Facebook [www.facebook.com/SWBHnhs](http://www.facebook.com/SWBHnhs).

### Sources used for the information in this leaflet

- British Journal of Rheumatology 'Assessment of the efficacy of sacroiliac corticosteroid injections spondyloarthropathies: a double blind study, 1997
- Cheng J, 'Complications of joint, tendon, and muscle injections', Jul 2007
- Pereira PL, Gunaydin et al, 'Interventional MR imaging for injection of sacroiliac joints in patients with sacroiliitis', 2000

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: [swb-tr.swbh-gm-patient-information@nhs.net](mailto:swb-tr.swbh-gm-patient-information@nhs.net)



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