

Facet Joint Injection or Facet Median Nerve Block

Information and advice for patients

Pain Management

During your visit to the Pain Management Clinic it was suggested that a facet median nerve block may help to ease your pain. This leaflet helps to briefly explain how it may affect you because it is important that you are aware of the potential benefits and any possible side effects or complications.

What is a facet joint?

The bones of the spine (vertebrae) are joined in the middle by discs. These bones meet to make joints called facet joints.

How does the injection work?

The nerve that exits from the back of the facet joint (the facet median nerve) is injected with a local anaesthetic and an anti inflammatory drug, which may reduce your pain. These injections are not a cure for back pain on their own but, if followed by exercise or physiotherapy, they may help to improve your movement and functional ability.

What are the benefits?

Sometimes we use injections diagnostically, to find out exactly where the pain is coming from. Otherwise the injections are given for pain relief and to improve your physical functioning and quality of life.

Evidence has shown that between 73-87% of patients have reported 50% decreased pain following the injections lasting 3-6 months. However the length of time that the pain relief lasts varies from person to person. It may last from a few days to several months.

What are the risks?

All medical procedures carry a risk of complications. Precautions are always taken to minimise the risk as far as possible. All of the risks mentioned below are uncommon, but we feel that you should be aware of them:

- Occasionally bruising may occur around the scar.
- The pain may worsen for a few days, but this should settle. The steroid component of the injection can take several weeks to take full effect.

- Sometimes people can faint during, or after, the injection. This is one of the reasons we monitor your blood pressure and ask you to rest.
- Infection: We perform the procedure under aseptic conditions and request that you also keep the area clean afterwards. If you feel that there is an increase in pain with associated redness, heat or swelling then the area may have become infected and you will need to contact your GP. Infection rates are between 1% and 2%, with severe infection rates at 0.1% to 0.01%. There is increased risk of infection in patients with diabetes.
- The anaesthetic may cause leg weakness for a few hours. Very rarely the anaesthetic may cause prolonged leg weakness and numbness which could require an overnight stay in hospital.
- You might be allergic to the steroid or local anaesthetic components of the injection, although this is very uncommon and would happen during the procedure itself. This occurs in less than 1 in 7000 procedures, and can be just a rash, or, even more rarely, a life threatening event.
- Diabetes may need to be monitored more closely after the procedure, as steroids can cause elevated blood sugars.

Are there any alternative treatments?

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

It should be remembered that all injections offer temporary benefit only in the majority of cases and may be given in conjunction alongside other treatments.

Preparing for the procedure

Please let us know if you are taking anticoagulant medications (blood thinners) such as:

- CLOPIDOGREL (Plavix)
- WARFARIN
- DIPYRIDAMOLE

You may need to have stopped Warfarin for at least 4 days, and Clopidogrel at least 10 days, before the procedure. If you are taking Warfarin we will also need to do a blood test before you have the procedure. Please be aware that this may cause a slight delay to your treatment.

Please continue to take all other medications as normal.

Take all your other medications as prescribed.

You may eat and drink as normal.

You will be admitted to the Minor Ops unit at the BTC - please be aware that this is a mixed sex facility.

A nurse will check your blood pressure and give you a gown to put on. We will aim to maintain your privacy and dignity at all times.

The doctor will explain the procedure and ask you to sign a consent form. Please make sure that you have understood the explanation and ask any relevant questions.

During the procedure

You will be taken to the procedure room. Once inside the room you will be asked to lie on the operating table. X-rays or ultrasound, will be used throughout the procedure to ensure the correct area is injected. The doctor will inject the area to make it numb. Once numb, the doctor will inject the joint. Some patients find the injections uncomfortable but this discomfort should settle quickly. The whole procedure takes approximately 20 minutes.

After the procedure

You will be asked to rest for about half an hour. When you feel ready, and the staff are happy with your condition, you will be able to go home, preferably 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 as necessary.

Contact details

If you have any questions or concerns please contact Pain Management Services on:

Tel: 0121 507 4866

Monday to 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
- www.britishpainsociety.org.uk
- <https://painconcern.org.uk/>

For more information about our hospital and services please see our website www.swbh.nhs.uk, follow us on X @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

Manchikanti L et al (2007). 'Evaluation of lumbar facet joint nerve blocks in the management of chronic low back pain: a preliminary report of a randomized, double-blind controlled trial.' Pain Physician. 10 (3) pp. 425-440.

Cheng J and Abdi S (2007). 'Complications of joint, tendon, and muscle injections.' Techniques in Regional Anaesthesia and Pain Management. 11(3), pp.141-147

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