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Old Lucan Road, D20 W722

PROCEDURE NAME

Rhizolysis / Epidural / Facet Joint Injection

PROCEDURE CODE

5611

INTRODUCTION

The aim of this leaflet is to help answer some of the questions you may have about having a spinal injection. It explains the benefits, risks, and what you can expect when you come to for the procedure.

FACET JOINT AND PAIN

Your spine is made up of bones called vertebrae. They are connected to one another allowing your spine to move whilst also protecting your spinal cord and nerves. These strong interconnections are made up of intervertebral discs (which act as your spine's shock absorbing system) and facet joints (which connect the vertebrae to one another). These structures can wear down and cause pain. This happens in your neck and your back. Spinal injections deliver medicines into or near your spine, around the source of your pain.

RHIZOLYSIS

There are two types of medication used in spinal injections, local anaesthetic which gives immediate relief and steroid which reduced inflammation in the injected area and can take up to two weeks to work fully. Rhizolysis involves administration of local anaesthetic around the nerves supplying these joints along with a small amount of steroid. This is done under X-ray or Ultrasound guidance with an appropriate needle.

TYPES OF SPINAL INJECTION (NECK OR BACK)

- Epidural injection targets the space that surrounds your spinal cord and disc.
- Facet or sacroiliac joint injection targets the joints that link the bones of your spine.
- Nerve root injection targets individual nerves in your spine which are pinched.
- Electricity can also be used to prolong the pain relief (Pulsed Radiofrequency / Rhizotomy)

BENEFITS

Spinal injections are used to diagnose the cause of your pain and to provide intermediate term pain relief. This can be repeated periodically to allow you to progress with other treatments such as physiotherapy.

BEFORE THE PROCEDURE

- You will be required to fast for 6 hours prior to your admission from food.
- You will be required to fast for 2 hours prior to admission from water.
- Take your normal medications on the morning of your procedure.
- Please contact my office immediately if you are currently taking blood thinners such as **Xarelto (Rivaroxaban), Eliquis (Apixaban), Plavix (Clopidogrel), Pradaxa (Dabigatran) or if you are pregnant.**
- Please also advise if you are taking any diabetic medication.
- Upon admission, the procedure will be discussed with you again and you will be asked to sign a consent form.

THE PROCEDURE (15-20 MINUTES)





- This is carried out in the theatre while you are awake.
- You may be offered sedation through an injection into the back of your hand to help you to relax.
- Your injection site will be cleaned with an antiseptic solution. Sterile sheets will then be placed around the area. A local anaesthetic will be injected to numb the area.
- X-ray/Ultrasound will be used to ensure proper positioning of the injecting needle. You may feel a bit of pressure and a sting in the area.
- If you feel any discomfort during the procedure, please tell a member of the theatre team.
- Once completed, a plaster will be placed over the injection site, and you will then be taken to the recovery area.

AFTER THE PROCEDURE

- In the recovery area, you will be observed for 30 to 60 minutes.
- You need to have somebody to accompany you home.
- Do not stop your usual pain killers.
- The plaster can be removed after 24 hours, and you can then have a bath or shower as normal. Before the plaster is removed, avoid getting the injection site wet.
- Re-engage in physical activities as soon as you can.



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- You will be contacted about a follow-up appointment for 4-6 weeks' time, or you can book directly by visiting www.drdeborahgalvin.ie

Please report immediately to your GP / my office or attend Emergency Department if you have serious concerns outside office hours.