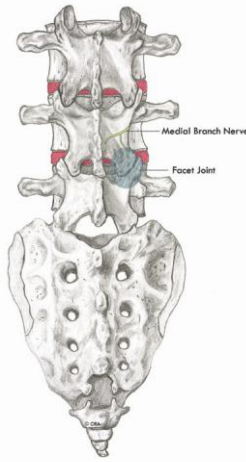


# LUMBAR MEDIAL BRANCH BLOCK

## *For Chronic Low Back Pain*

A **lumbar medial branch block** is a simple procedure for diagnosing and treating low back, buttock, and groin pain. This type of pain is most commonly seen with arthritis, degenerative joint disease, and injuries.



### **What are lumbar facet joints?**

Facet joints connect the vertebrae, the bones of the spine. They help guide your spine when you move. These are the joints that commonly develop arthritis, also referred to as **degenerative joint disease (DJD)**.

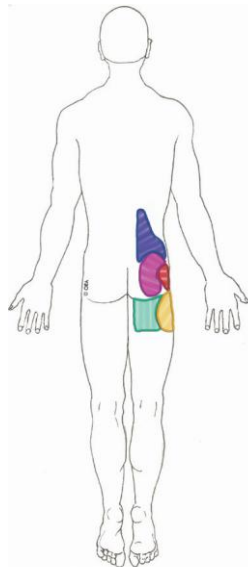
Facet joints are found on both sides of the spine. Each is about the size of a thumbnail. Lumbar facet joints are named for the vertebrae they connect and the side of the spine where they are found. The right L4-5 facet joint, for example, joins the 4th and 5th lumbar vertebrae on the right side.

Medial branch nerves are found near facet joints. They transmit pain signals from the facet joints to your brain.

### **What is lumbar facet joint pain?**

You may feel pain if a lumbar facet joint is injured or arthritic. The cartilage inside the joint may be injured or degenerative. Other times only connecting ligaments surrounding the joint are injured. The pain can range from mild to severe and sometimes radiates into the buttocks or legs. It is typically **worse with activity**. Other common symptoms include **stiffness** and **limited range of motion**.

The diagram shows areas of pain associated with lumbar facet injuries.



Based on Fukui S, Okawa K, Shimizu M, Ohno K, Kurosawa H, Nagasawa Y. Distribution of referred pain from the lumbar zygapophysial joints and dorsal rami. The Clinical Journal of Pain. 1997; 13: 303-307.

### **How do I know if I have lumbar facet pain?**

If you have pain in one or more of these areas, and it lasts longer than two months, you may have lumbar facet pain. Common tests such as x-rays or MRIs, may not show if a facet joint is causing pain.

### **What is a lumbar medial branch block?**

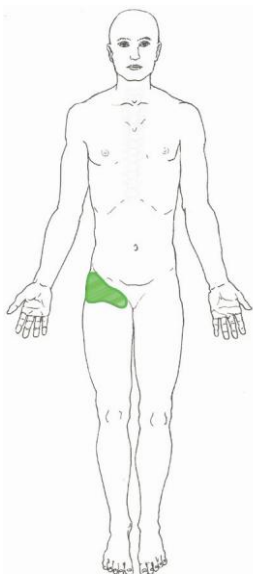
In a lumbar medial branch block, an anesthetic is injected near the medial branch nerve. This stops the transmission of pain signals from the facet joint. If this reduces your pain and helps you move your back like normal, it tells the doctor which facet joint is causing the pain.

### **What happens during an injection?**

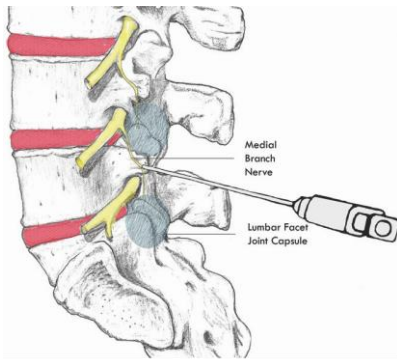
The injection may start with an IV (medicine given intravenously) to help you relax. A local anesthetic may be used to numb your skin.

The doctor will then insert a thin needle near the medial branch nerve. Fluoroscopy, a type of x-ray, may be used to ensure the safe and proper position of the needle. A dye may also be injected to make sure the needle is at the correct spot.

Once the doctor is sure the needle is correctly placed, the anesthetic will be injected.



## For Chronic Low Back Pain



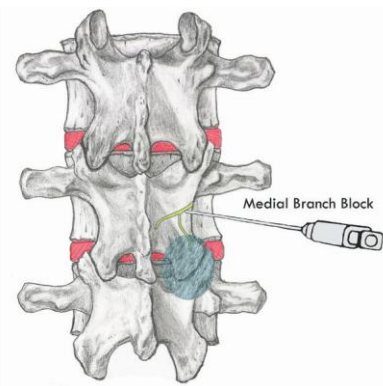
### What happens after an injection?

You will be monitored for up to 30 minutes after the injection. When you are ready to leave, the clinic will give you discharge instructions. You will also be given a pain diary. It is important to fill this out because it helps your doctor know how the injection is working.

It may help to move your back in ways that hurt before the injection, to see if the pain is still there, but do not overdo it. Take it easy for the rest of the day.

You may feel immediate pain relief and numbness in your back for up to six hours after the injection. This tells you the medication has reached the right spot.

You can usually return to work the day after the injection, but always check with your doctor.



### How long can I expect pain relief?

Lumbar medial branch blocks provide only temporary relief for a short period of time (typically hours).

If your pain goes away for a short time, but then returns, you may be a candidate for radiofrequency ablation (RFA) to the medial branch nerve. This procedure provides a more permanent disruption of pain signals.

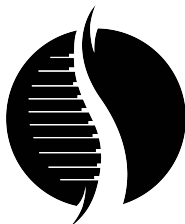
### What are the possible risks and side effects?

This procedure is safe and the risk for complications is low. However, as with any medical procedure, there are potential risks which include, but are not limited to, infection, bleeding, allergic reaction, headache, temporary numbness or tingling, weakness, and nerve injury.

Side effects are rare and, when they occur, are usually due to the steroid itself. These include, but are not limited to, pain at the injection site, headache, increased blood sugar, water retention, facial flushing, irritability, sleeplessness, burst of energy, skin discoloration at the injection site.

You should contact your doctor or go to the emergency room if you experience any of the following symptoms: severe headaches with nausea or vomiting, fever greater than 101 degrees, loss of control of bowel or bladder function, severe pain, and loss of function or feeling in the arms or legs.

*This pamphlet is for general education only. Specific questions or concerns should always be directed to your doctor. Your doctor can explain possible risks or side effects.*



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