



Information for adult patients undergoing **Facet joint injections for the Treatment of Pain**

The aim of this leaflet is to give you information about facet joint injections and to answer some questions that you may have. Please note that some places do things differently to others. Your doctor will be able to explain fully what to expect.

What is the aim of this information sheet?

The aim of this leaflet is to give you information about epidural steroid injection and to answer some questions that you may have. Please note that some places do things differently to others. Your doctor will be able to explain fully what to expect.

What is a facet joint injection?

A facet joint injection is an injection around or into the facet joint. The injection provides information about whether pain is coming from your facet joints.

It is used for localised spinal pain where simpler measures have not helped enough. It can help your pain by reducing some of the pain signals from the joint and, though pain relief may not last long, some people can get significant and long lasting pain relief from these injections.

Facet joints are small joints that link the bones of the spine together. They are found in the neck (cervical), between the shoulder blades/back of chest (thoracic), and lower back (lumbar). The facet joints allow movement and stabilise the spine. Wear and tear, inflammation and injury to the facet joints may cause pain in some people. Several injections to different facet joints may

Facet Joint Injections for the Treatment of Pain

be needed depending on the site of pain. Usually, joints in one region – either cervical, thoracic or lumbar are injected. The injection contains local anaesthetic often with a small amount of steroid. The injection is usually given alongside other treatments such as physiotherapy.

Is this the right treatment for me?

Other treatment options will be discussed with you before deciding to go ahead with the injection(s) and your consent is needed. The decision on whether or not to have the injection is made together by you and your doctor. Your doctor will be able to give you up-to-date information about the chance of this treatment working for you and how it fits in with other care. If you are undecided about whether or not to have injection(s) then more advice and information can be given. Please speak to your doctor for more information.

If your health has changed, it is important to let your doctor know.

- ▶ If you have an infection in your body or on the skin of your back or neck, your doctor will wait until the infection is cleared before you have the treatment.
- ▶ If you have been started on anticoagulant or antiplatelet medicines that “thin the blood” such as warfarin, heparin, apixaban, rivaroxaban or clopidogrel, extra preparation may be needed before you have the treatment.
- ▶ If you suffer from diabetes, the use of steroids during injections may cause your blood sugar to change, requiring monitoring and adjustment of your diabetic medication.
- ▶ If you have any allergies.

You must also tell the doctor if there is any chance that you could be pregnant.

Finally, if you are planning to fly or travel abroad within 5 to 7 days after the injections, please let your doctor know as it may be best to change the date of the injections.

I have heard that steroids are being used unlicensed/off-label, what does this mean?

Steroids (corticosteroids) are commonly used in managing chronic pain but are only licensed to be given in specific ways. Some methods of giving steroids to treat pain are not on license. This is referred to as off-label use. The manufacturer of the medicine may not have applied for a specific licence for it to be used more widely. MANY medicines used in pain medicine are used off-label. Your doctor will be able to discuss this with you further.

What will happen to me during the treatment?

Before the injection, your doctor will discuss the procedure with you. Your doctor will either ask for your consent before the injection or ask you to confirm that you have already given consent and are still happy to have the injection. The treatment will take place in a dedicated area with a trained person. An X-ray machine (or other forms of image guidance) will be used to make sure the injection is accurate. Not all doctors give these injections in exactly the same way but this is what usually happens:

- ▶ A medical professional will get you ready for the procedure.

Facet Joint Injections for the Treatment of Pain

- ▶ Your blood pressure and pulse rate may be checked.
- ▶ A small needle (cannula) may be placed in the back of your hand.
- ▶ You will be carefully positioned and the skin around the injection site(s) will be cleaned with an antiseptic solution or spray; this can feel very cold.
- ▶ X-ray, ultrasound or an alternative way will be used to make sure the needle is in the correct place.
- ▶ You will feel a stinging sensation as local anaesthetic is injected to numb the skin and surrounding tissues. Your doctor will warn you of this first.
- ▶ The doctor will direct the injections to the area(s) suspected to be a source of pain. When the injections are made, you may feel pressure, tightness or a pushing sensation. If it is uncomfortable do let the doctor know.

What will happen to me after the injections?

After the injections you will be taken to a recovery or ward area where nursing staff will check on you. Sometimes you will be asked to lie flat for about 30 minutes or longer. You may be helped to sit up and your blood pressure and pulse may be checked. You will be told when to get dressed and be given help to make sure that you can stand safely after the procedure.

Your pain may be checked at rest and during activities of daily living such as walking and moving your back. This will help assess how much of your pain is coming from the facet joint(s). You will be given more advice when you are ready to go home.

When will I be able to go home from hospital after my injections?

You will usually be able to go home within a few hours after the injection and in some cases much sooner, depending on how long your doctor or nurse want you to stay. Please make sure that you have someone to collect you after the procedure. It is unsafe for you to drive home straight after the procedure. If you do so your motor insurance will be invalid.

What can I do after my procedure?

Ideally, you should arrange for someone to stay with you for 24 hours but, if you can't, you should at least have access to a telephone. You should not drive, operate machinery, sign legal documents, provide childcare without help or drink alcohol until fit to do so.

When can I return to work after the procedure?

This will be different for different people and may depend on the type of work you do. It is difficult to give general advice and so you should discuss this with your doctor.

Will I experience any side-effects?

As with any procedure, there might be some side effects. These are usually minor but there are risks with this procedure.

Side-effects may include:

Facet Joint Injections for the Treatment of Pain

- ▶ Mild local tenderness and/or bruising at the site of the injection, that usually gets better over the first few days.
- ▶ Rarely, the local anaesthetic may spread causing some numbness and/or weakness in your legs, arms (for cervical) and other areas. If this happens, it is temporary and will quickly get better over minutes or hours.
- ▶ The steroids can have different effects ranging from flushing, menstrual disturbances, weight gain, increase in blood sugar levels and worsening of mental health issues. These effects are temporary and are more likely with repeated steroid injections.
- ▶ Infection. This is rare. You should seek medical help if there is local warmth or redness over where you had the injection with tenderness. Or if you feel hot and unwell. This may need antibiotic treatment.
- ▶ There are important nerves in the spine, but serious nerve injury is very rare.
- ▶ Injection treatments do not always work and may not help your pain.
- ▶ (Injections in thoracic area only) Injury or collapse of the lung (pneumothorax). This is very rare. If you get chest pain or breathlessness, you should get medical help straight away.
- ▶ In rare circumstances, steroid use can damage your eyesight. You should report any new vision problems (such as blurred or distorted vision) to your doctor.



People vary in how they interpret words and numbers.
This scale is provided to help.



What can I expect in the days afterwards?

You may feel some soreness or aching at the injection site. Please keep the area of the injections dry for 24 hours following the procedure. Do not worry if your pain feels worse for a few days as this sometimes happens. Take your regular pain killers and medications as normal and this should get better. Try to keep on the move about the house while avoiding anything too difficult.

Facet Joint Injections for the Treatment of Pain

What should I do in the weeks after the injections?

As your pain decreases, you should try to gently increase your exercise. Simple activities like a daily walk, using an exercise bike or swimming on your back will help to improve your muscle tone. It is best to increase your activities slowly. Try not to do too much as you might have more pain the next day.

What follow-up will be arranged?

A letter will usually be sent to your GP and your doctor will tell you what to do after the procedure. You may be asked to make a call to the pain department, be given a form to fill in, or given a telephone review or other appointment.

Is there anything else I need to think about before the procedure?

- ▶ Please bring your glasses if you need them for reading.
- ▶ Bring any other devices you may need, such as hearing aids, mobility aids etc.
- ▶ Always bring a list of all current medication.
- ▶ Continue to take your medication as usual on the treatment day unless advised otherwise.
- ▶ Avoid vaccinations including COVID-19 jabs for 2 weeks on either side of the procedure.

Finally...

The information in this leaflet is not intended to replace your doctor's or health care team's advice. If you need more information or have any questions or concerns please speak to your GP or contact your Pain Clinic.

Name	
Pain Service	
Address	
Contact Numbers	

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S.Kanakarajan and G. Baranidharan Professional Standards Committee of the Faculty of Pain Medicine.

Acknowledgements:

Members of the Professional Standards Committee.