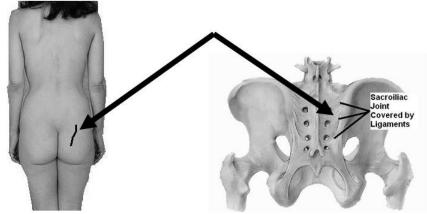
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Neurology & Interventional Pain

SACROILIAC JOINT INJECTIONS

NOTE: THIS IS A PRECISION SPINAL INJECTION THAT SHOULD BE PERFORMED ONLY BY A PAIN MEDICINE TRAINED MD OR DO PHYSICIAN

The sacroiliac joint is the longest joint in the body and connects the spine to the pelvis. It bears a very large weight load, and is held together only by ligaments that can be



damaged in automobile accidents, birthing, or lifting injuries. Damage to the ligaments

can cause the joint to become hypermobile and painfully unstable, requiring re-alignment by chiropractors or physical therapists, or by the patient. The joint surfaces can become arthritic and painful due to osteoarthritis, rheumatoid arthritis, and several other types of arthritis. Usually the pain from a dysfunction of this joint is one sided in the low back and buttocks, and may refer to the back of the thigh and occasionally into the calf.

WHAT IS A SACROILIAC (SI) INJECTION?

Sacroiliac injections involve the use of an x-ray guided needle placed into the bottom of the joint or into the ligaments over the joint. It impossible to accurately place an injection into the SI joint without x-ray guidance. Usually the needles are placed deep into the joint and iodine contrast or dye are used in the joint to assure proper placement. After the needle is in place in the SI joint, an injection of local anesthetic is administered, and you will assess your pain over the next several hours as part of this diagnostic test. Sometimes steroids are added to the local anesthetic injected.

Sacroiliac Pain Pattern

DO THE INJECTIONS HURT? Usually the injection is not very painful and is very brief. Rarely patients may receive IV sedation with this procedure.

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RISKS: Bleeding, infection, nerve injury, spinal cord injury, abscess are all rare.

MEDICINES TO WITHHOLD: <u>Stop Plavix 7 days before the procedure, Aspirin 5</u> <u>days before, Stop Coumadin and Warfarin 5 days before the procedure – (and arrange for Lovenox Bridging with your primary if indicated). Stop Ticlid (ticlopidine) 14 days before the procedure.</u>

DISCHARGE INSTRUCTIONS:

- Activity: Resume normal activity today, especially if the block is for diagnosis.
- Diet: Resume normal diet
- **Medications:** Resume normal medications unless otherwise instructed.
- **Dressing:** You may have a small bandaid or bandaids placed over the injection site. This can be removed the next day
- **Discomfort at the Injection Site:** Apply ice wrapped in a washcloth for short periods of time (20 minutes per hour) during the first 24 hours, then apply low to medium heat
- Side Effects: Possible side effects of local anesthetics used include numbness of the leg or arms. Let us know if this occurs. Steroid side effects include elevation of your blood sugar for a week especially if you are diabetic. More frequent checks of the blood sugar are necessary for the first week after an injection if you are a diabetic. Also steroids may cause increased blood pressure for a week and if you have hypertension or are being treated with medications for hypertension, you need to check your blood pressure more often during the first week. The medication doses for diabetes and high blood pressure may have to be adjusted during the first week or so after a steroid containing injection. Some patients experience facial flushing or having excessive energy during the first 24 hours after the injection. If you experience new onset severe generalized weakness during the first week after the injection, call our office. If you develop fever of more than 102 degrees during the first few days after the injection or severe increase in pain in the back, notify our office, or if it is after hours go to an Emergency Department or Urgent Care, and explain the procedure you have had and the symptoms.
- **Return to Normal Activities:** You may experience some numbness in the skin over the back during the first several hours. Relief from the diagnostic injection may last up to 12 hours. Steroids, if used, may require 12-24 hours to have an effect.
- **Anesthetic Effects:** Refrain from operating motor vehicles within the first 12 hours after the injection.

PERFORMANCE OF THIS TECHNIQUE WITHOUT FLUOROSCOPY OR CT OR ULTRASOUND GUIDANCE MAY CONSTITUTE FRAUD SINCE IT IS VIRTUALLY IMPOSSIBLE TO ENTER THE JOINT WITHOUT IMAGING GUIDANCE