

Medial Branch Blocks: A small amount of local numbing agent is injected adjacent to the nerve that supplies the bony spine joints with sensation. Usually diagnostic to prove that the bony spine as opposed to the discs or nervous spine is responsible for pain. Typically done twice in preparation for Radiofrequency Ablation. May last hours to days.

Medial Branch Radiofrequency Ablation (Lesioning): The follow-up to successful Medial Branch Blocks. Lasts months to years. A special needle is placed adjacent to the Medial Branch Nerve and then heated to a very specific temperature, effectively destroying the nerve and stopping the ability for the facet joints of the bony spines to send pain signals to the brain. The nerve will eventually grow itself back.

Transforaminal Epidural Steroid Injections: A needle is passed through the channel where nerves exit the spine. A solution of a numbing agent and steroid is injected to calm these nerves and stop pain that radiates down the arms, legs, and thighs.

Midline Epidural Steroid Injection: Typically used in the cervical (neck) spine due to the very small size of the transforaminal channels. In the Lumbar (back) spine it is used to treat pain generated by the discs.

Sacroiliac Joint Injection (SIJ): A solution of numbing agent and/or steroid is injected adjacent to the joint where the tailbone meets the bony pelvis. This is aimed at stopping inflammation and reducing pain. Can be used as a prerequisite to Radiofrequency Ablation of those sites.

Sacroiliac Joint Radiofrequency Ablation (Lesioning): In the same manner as Medial Branch RFA, the nerves supplying the sacroiliac joint are destroyed with a specially designed needle to give long-lasting pain relief when SIJ fails to do so. Just like with the Medial Branch RFA the nerve will eventually grow back.

Genicular Block/RFA: The sensory nerves just above the back of the knee are injected with a local numbing agent and steroid to stop inflammation and pain in the knee, shin, and foot. If pain relief is experienced but duration is poor, RF lesioning may be done.

Occipital Blocks: The occipital nerve at the base of the skull is injected with a small amount of local numbing agent and steroid to stop tension and headaches.

Interarticular injections: A numbing agent and steroid solution is injected into a major joint (shoulder, elbow, knee, ankle, hip). Hip injections are typically done with sedation under fluoroscopic guidance due to the depth of the joint and complex network of nerves and blood vessels in the region.

Guidance: Fluoroscopic guidance uses a fluoroscope which is essentially a portable x ray machine that is able to transmit live image. It provides very precise placement of medications utilizing bony landmarks but cannot visualize soft tissues like tendons and muscle well. Ultrasound guidance utilizes ultrasonic waves to create a picture. It is very sensitive for soft tissue landmarks and has no radiation but only a very small area can be visualized at once.