

WHAT IS A SACROILIAC JOINT INJECTION (SIJ)?

A SIJ is an injection of a strong local anesthetic on the nerves that supply the Sacroiliac joints. Sometimes, due to a variety of acute and chronic conditions, the SI joints can become inflamed. The pattern of pain is usually an achiness in the low back, radiating across and down the back of the buttocks and hips. Usually, standing or twisting worsens the pain. Stairs may be painful as well.

HOW LONG DOES IT TAKE TO DO?

The actual injection takes only a few minutes. Please allow about three hours for the procedure; this will include talking to your doctor before the procedure, signing the informed consent, positioning in the room, and observation by the recovery room nurse afterwards.

WHAT MEDICINES ARE INJECTED?

The injection consists of a small amount of long acting local anesthetic and sometimes a mild steroid (dexamethasone).

WILL IT HURT?

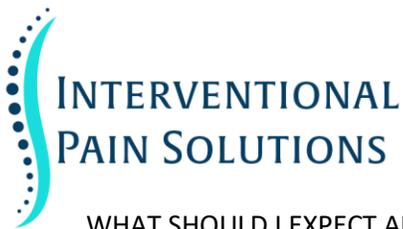
All of our procedures begin by injecting a small amount of local anesthetic through a very small needle. It feels like a little pinch and then a slight burning as the local anesthetic starts numbing the skin. After the skin is numb, the procedure needle feels like a bit of pressure at the injection site. You can also choose to have IV sedation, which can keep you very comfortable. It can range from some drowsiness or you may have little or no memory of the procedure depending upon your comfort level, regardless of the amount of sedation, you must not eat or drink anything for 6 hours prior to this and you must also have a driver when choosing sedation. It is OK to take your medications with a sip of water with either decision.

WILL I "BE ASLEEP" FOR THIS PROCEDURE?

You can choose to have the procedure done under local anesthetic only. You can also choose to have IV sedation, which can keep you very comfortable. It can range from some drowsiness or you may have little or no memory of the procedure depending upon your comfort level, regardless of the amount of sedation, you must not eat or drink anything for 6 hours prior to this and you must also have a driver when choosing sedation. It is OK to take your medications with a sip of water with either decision.

HOW IS IT DONE?

It is typically done with you lying on your stomach for back injections and on your side for neck injections. Your blood pressure and oxygenation will be monitored. In addition to your doctor and the x-ray technician, there will be a nurse in the room at all time. The skin on the back is cleaned with antiseptic solution and then the procedure is done. Very small needles are placed along the bony landmarks that mark the location of the medial branch nerves.



WHAT SHOULD I EXPECT AFTER THE INJECTION?

Shortly after the injection, you may notice that your pain may be gone or considerably less. This is due to the effect of the local anesthetic and lasts only for a few hours to a few days.

WHAT SHOULD I DO AFTER THE PROCEDURE?

We advise the patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you. This is a diagnostic test and it is important to maintain reasonably normal activities so the block's efficacy can be evaluated.

CAN I GO BACK TO WORK?

You should be able to unless the procedure was complicated. Your doctor or recovery room nurse will discuss this with you.

HOW LONG DOES IT LAST?

That's hard to tell. Sometimes the procedure provides permanent pain relief. However sometimes the procedure only lasts a few hours. This is normal. This injection can be performed as a predictor of the efficacy of radiofrequency lesioning of these nerves.

HOW MANY INJECTIONS DO I NEED TO HAVE?

Usually two. If relief is experienced, the next step may be Radiofrequency Lesioning of the nerves supplying the area.

HOW WILL I KNOW IF IT WILL HELP?

It is very difficult to predict how helpful injections will be. Generally, patients who have the symptoms described above will do well. Obviously, since there are several pain generators in the spine, the degree of response will vary widely. If you do not obtain reasonable relief from this diagnostic injection, it is unlikely you will obtain relief from radiofrequency lesioning. Your doctor will discuss this with you.

WHAT ARE THE RISKS AND SIDE EFFECTS?

Overall, this procedure has very few risks. However, as with any procedure, there are some risks and side effects you should know about. Commonly encountered side effects are increased pain from the injection (usually temporary), rarely infection, bleeding, nerve damage, or no relief from your usual pain.

WHO SHOULD NOT HAVE THIS INJECTION?

The following patients should not have this injection: if you are allergic to any of the medications to be injected, if you are on a blood-thinning medication (e.g. Coumadin, injectable Heparin), or if you have an active infection going on. With blood thinners like Coumadin, your doctor may advise you to stop this for a few days beforehand or take "bridge therapy" with Lovenox prior to the procedures. Anti-platelet drugs like Plavix may have to be stopped for 5-10 days prior to the procedure. This will be coordinated with your primary care physician and/or cardiologist.

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