

Lumbar Medial Branch Block

Diagnosis: Lumbar spondylosis / Lumbar facet arthropathy

The purpose of a medial branch block is to determine if the facet joints are the cause of pain. The medial branch nerves are the nerves that supply the facet joint. During a medial branch block, your doctor will use a numbing medication to temporarily block the medial branch nerves from transmitting pain signals. If your pain is caused by a facet joint problem, then you should feel relief of that pain for several hours. You may then be eligible for a radiofrequency ablation procedure that provides longer term relief.

Procedure: The patient is brought to the procedure room and placed on his/her stomach. The area of the low back is uncovered. Using fluoroscopic guidance, the lumbar spine is visualized and target entry point selected. The skin overlying the injection site is then cleaned with a sterilizing solution. Local anesthetic is used to numb the injection site. Then, using a multitude of tools, a needle is advanced at the periosteal junction of superior articular process and transverse process at each level corresponding to its respective lumbar medial branch. Once the needle is thought to be in the correct position, contrast dye is injected through the needle to confirm proper placement overlying the medial branch location. Upon confirmation, local anesthetic is injected to numb the nerve. The needle is then removed. The back is cleaned and sterile dressing is applied. The patient is then taken to the recovery room until discharge.

Medications used: Local anesthetic; Possible contrast dye

Recovery: 15 minutes with local or 30 minutes after sedation

Potential risks of Lumbar medial branch block are minimal and are similar to any procedure involving a needle placement. These include, but are not limited to:

- Allergic reaction to the anesthetic or contrast dye. *Be sure to inform us before the injection if you have any known allergies*
- Bleeding
- Infection
- Temporary pain at the injection site

