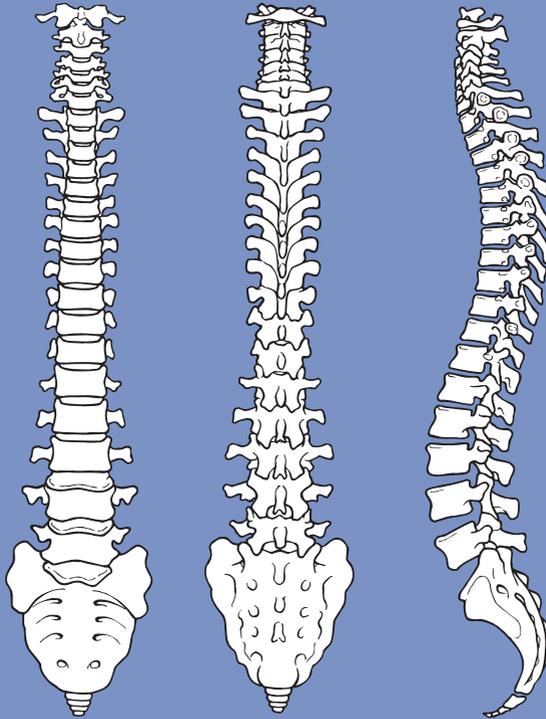




**B A S S**  
British Association of Spine Surgeons

# Lumbar Facet Joint Injection



Review date: February 2019

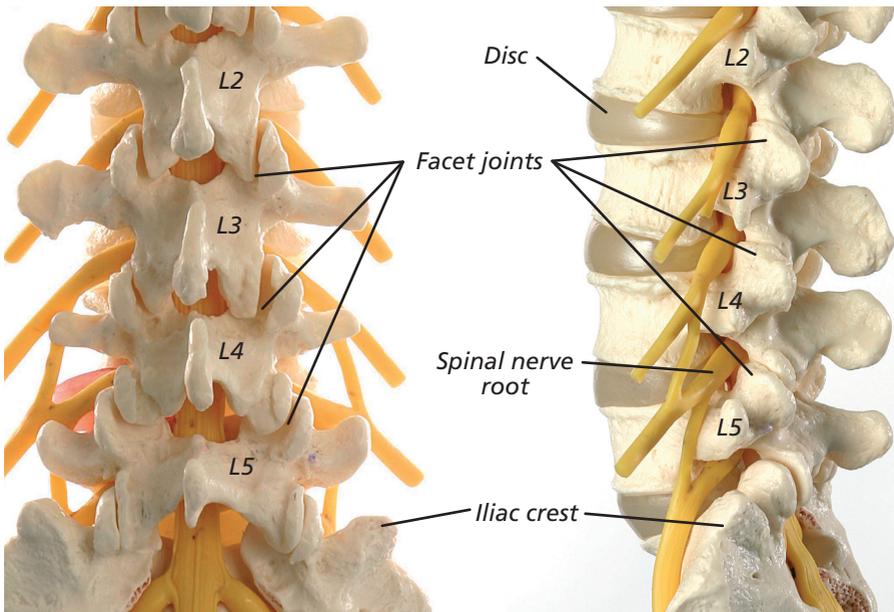
When back pain originates from the facet joints, a specific type of injection may reduce inflammation and provide pain relief.

The facet joints are the interlocking connections at the back of the spine. There is one to the right and left at each level and they have a surface of cushioning tissue between them (cartilage). Just like any joint in the body, the facet joints can become inflamed due to arthritis and be a source of pain and stiffness, usually in the low back. Most people who suffer from this problem typically complain that pain is most pronounced first thing in the morning, decreases throughout the day and becomes worse again later in the day. The pain may also become worse with twisting movements of the spine or leaning back (extension).

### **Model of the lumbar spine showing the facet joints and nerve roots**

**Back view**

**Side view**

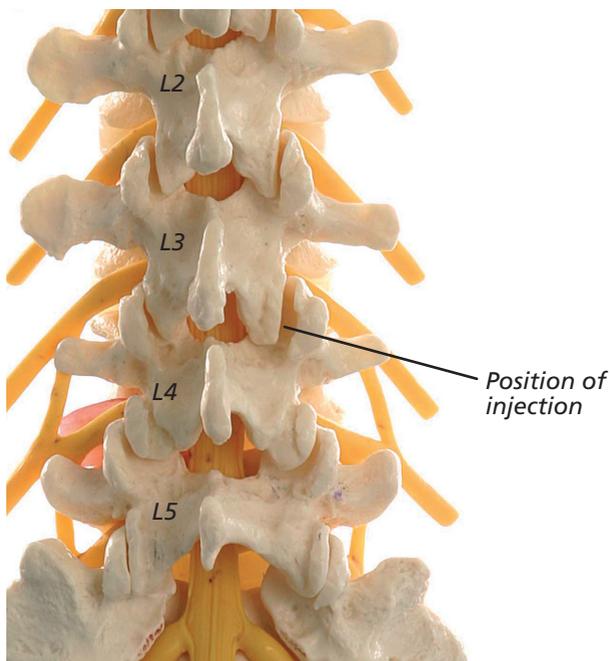


The facet joint injection consists of an anaesthetic with a long-lasting steroid injected into the facet joint itself. This reduces the inflammation in the joint space. This can reduce pain and other symptoms caused by inflammation such as nerve irritation. The facet joint injections are often used as a diagnostic tool to isolate and confirm the specific source of the patient's pain.

## About the procedure

The injection is done under intravenous sedation (so you are asleep) and carried out with you lying on your stomach. The skin on your back is cleaned with antiseptic solution and then the injection is carried out. Live X-ray is used as guidance to direct the needle into the facet joint capsule.

### Right L3/4 facet joint injection (back view)



## **Risks and complications**

Fortunately there are very few risks associated with facet joint injection. The most common side effect is discomfort, which is temporary. Other very uncommon risks involve infection, nerve or dural injury (the membrane surrounding the nerves) or bleeding.

Sometimes however, it is difficult to inject people due to the presence of bony overgrowths at the tip of the joint, which prevents the needle from entering.

## **What to expect in hospital**

Immediately after the injection you will be taken on your bed to the recovery ward where nurses will monitor your blood pressure and pulse. Oxygen may be given to you through a facemask to help you wake up after the sedation. Once back on the ward, you may have some discomfort which the nursing staff will help you to control with appropriate medication. When you are fully awake you will be allowed to get out of bed.

## **Going home**

You will normally be allowed home a few hours after your injection, when you and your physiotherapist are happy with your mobility.

Please arrange for a friend or relative to collect you, as driving yourself or taking public transport is not advised for 48 hours after the sedation. A responsible adult should remain with you overnight. If you are likely to require a hospital car please arrange this through your GP before admission.

## **Work**

You will need to be off work for at least 48 hours, or maybe longer if discomfort persists. The hospital can give you an off work certificate or you can ask your GP.

## **Follow-up**

We do not routinely see patients undergoing injections in the clinic as the relief provided is variable and therefore it does not make sense to see patients at a specific fixed interval following the procedure.

Please allow up to six weeks for your pain to improve following your treatment, but if you do not gain adequate pain relief after this time you can contact the Spinal Unit.

If your pain relief is not adequate you may be referred to the Pain Clinic for further assessment or treatment.

If you have any queries before your clinic appointment please contact the nurse specialist for your consultant's team.

Produced, researched and revised by spinal nurse specialist Helen Vernau at The Ipswich Hospital NHS Trust, in association with and on behalf of the BASS Consent and Patient Information Committee.

© The Ipswich Hospital NHS Trust/BASS, 2007-2016. All rights reserved.

DPS ref: 01061-16(RP)