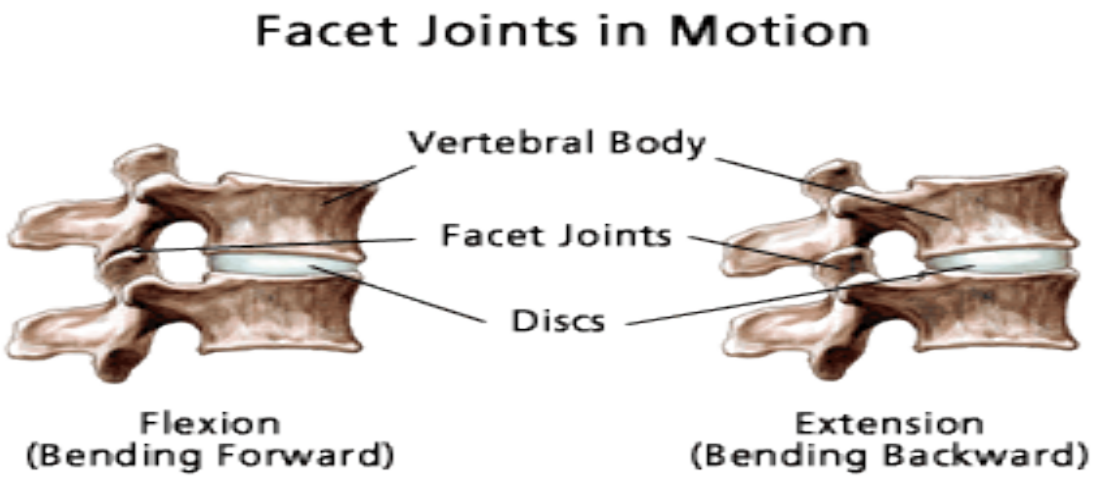
MEDIAL BRANCH BLOCKS/FACET BLOCKS

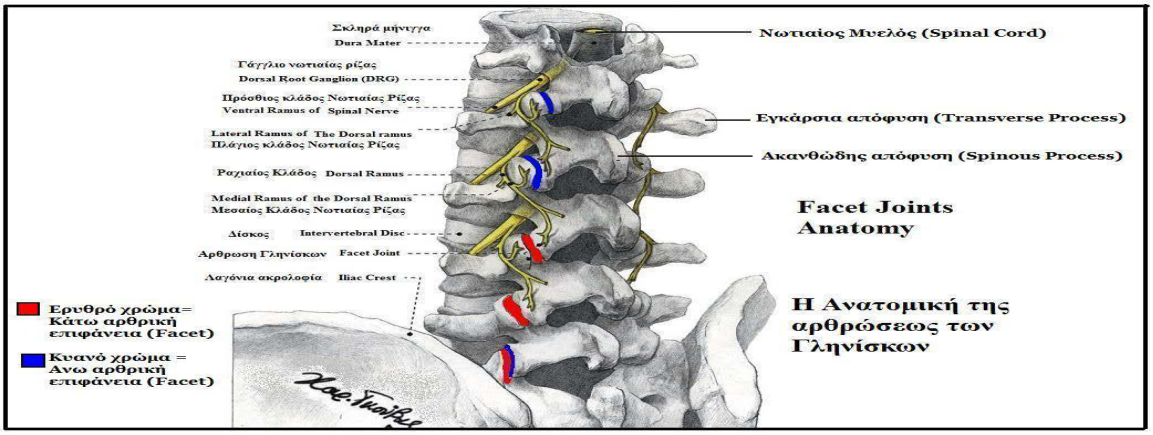


Medial branch blocks (MBBs) and facet joint injections are an option to treat pain that comes from arthritis in the facet joints. This pain block helps by decreasing inflammation and irritation in the facet joints of the spine that is causing your pain. Medication can be administered either in the facet joint itself (facet joint block) or around the nerves that supply the facet joint (medial branch block).

If pain is relieved with these injections but the relief is not long lasting enough, an exciting option to obtain longer term relief is a radiofrequency ablation of the medial branch.

Procedure

The facet joints are on the side of the vertebrae and connect one vertebrae to the one above or below it. A facet joint injection involves placing medicine in the facet joint, while a medial branch block involves putting medicine around the nerve that supplies the facet joint. The needle is placed with image guidance to ensure the exact position of the needle prior to injecting medication. A numbing medicine such as lidocaine and a steroid are combined for this injection.
The steroid reduces inflammation and irritation, and the anesthetic works to numb the pain. The entire procedure usually takes less than 15 minutes.



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Benefits

Facet joint injections and medial branch blocks can result in fast relief of symptoms. Allowing patients to resume their usual daily activities, this is sometimes not achieved with oral medications and physical therapy alone.

Therapeutic lumbar MBBs with local anesthetic and steroids may be effective in the treatment of chronic low back pain of facet joint origin (Manchikanti 2007). The American Society of Interventional Pain Physicians developed a large evidence-based practice guideline for the management of chronic spinal pain. This guideline explains that the facet joint nerve blocks or MBBs are strong in their accuracy of diagnosing lumbar and cervical facet joint pain (Boswell 2007).

Risks of Medial Branch Blocks

With minimal risks, MBBs are considered an appropriate and safe non-surgical treatment for many patients who suffer from back and neck pain. The associated risks with this procedure involve misplacement of the needle. bleeding, infection, and nerve damage. The other risks of the MBBs may be directly related to the medication injected.

The risks of developing medication side effects are typically much less than in a person taking oral corticosteroids. Some of the potential side effects of corticosteroids include elevated blood sugars, weight gain, arthritis, stomach ulcers, and transient decrease in the immune system.

Before receiving a facet injection patients should be assessed by their provider to minimize risks associated with the procedure.

Outcomes

MBBs have increased dramatically in the Medicare population from 1994 to 2001 and are becoming even more popular today (Friedly 2007). They are being used more frequently because they have provided successful results in the treatment of back pain.
A recent study looked at patients with back pain who received MBBs. At eight weeks of treatment 53% of people reported improvement of their pain and by six months of treatment over 68% reported the same (Anand 2007).

The duration of pain relief varies for each individual but if the first MBBs provide relief, then the procedure can be repeated or facet ablation can be done.

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