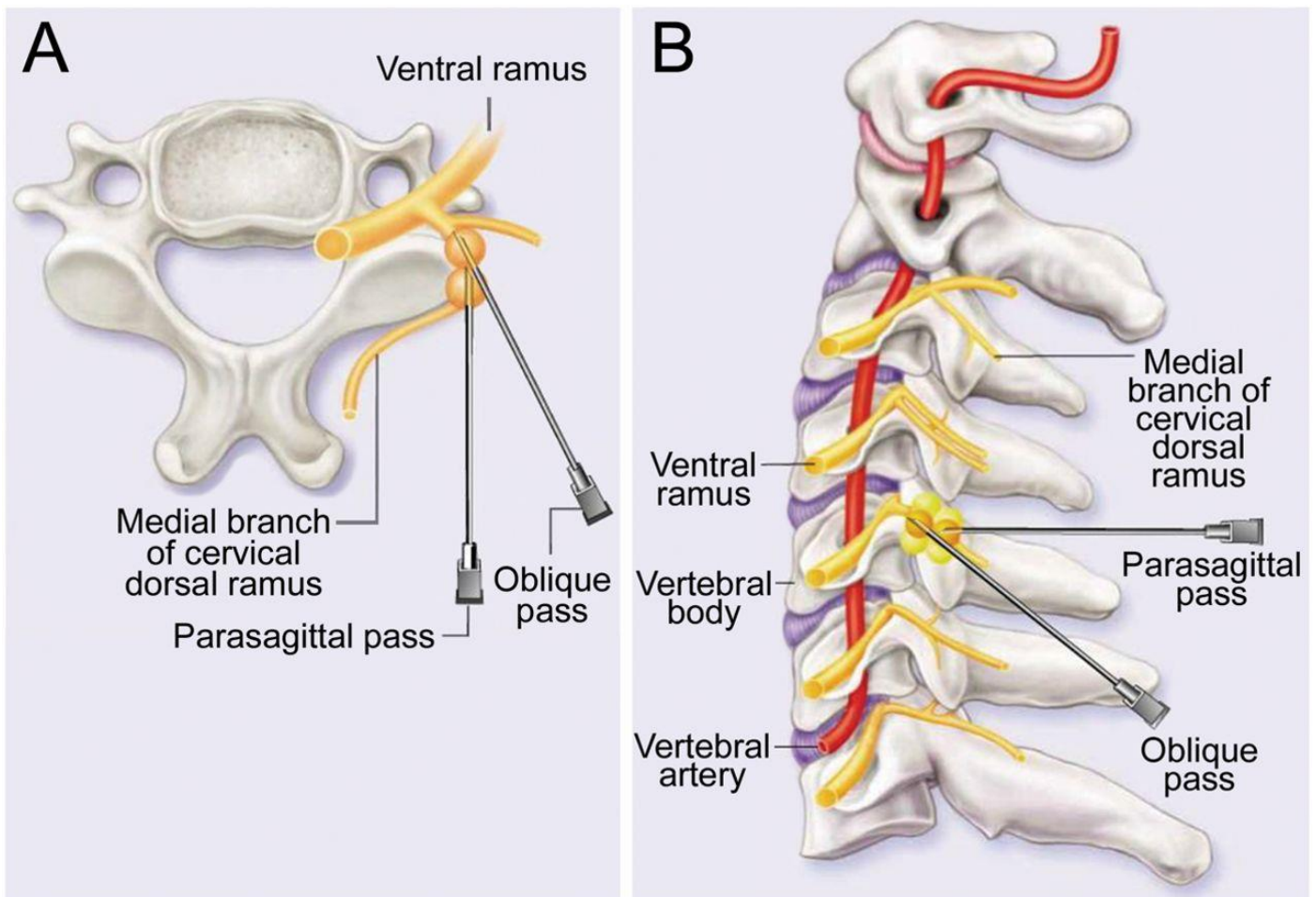


CERVICAL MEDIAL BRANCH BLOCK INJECTIONS

INFORMATION FOR PATIENTS

WHAT IS A MEDIAL BRANCH BLOCK (MBB) INJECTION?

A local anaesthetic is injected around the nerve that conveys the pain signal from the joint in your neck. This nerve is called the medial branch of the cervical dorsal ramus. By placing anaesthetic or a 'block' around the nerve it stops the nerve conveying the pain signal temporarily. Usually the injections are performed over several levels in the spine. They may be performed on one side, or both sides, depending on where your symptoms are. The injections are more likely to change symptoms in the neck than the arm. Sometimes your Cervical (neck) facet joints can refer pain into the back of the head.



WHY DO I NEED THESE INJECTIONS?

Diagnostic Procedure

- By placing a local anaesthetic around the nerve that supplies the joint this temporarily numbs the structure. It is useful to know whether you then notice any change in your symptoms in your neck, head or your arm while the anaesthetic is working for the first 6 hours after the injection.
- While the local anaesthetic is active you may notice some temporary numbness and/or weakness in the arm.

What next?

- If you get a change in symptoms after the injection, then this confirms that the structures supplied by the nerve that was blocked (or anaesthetised) are responsible for those symptoms. You could then potentially be a candidate for a procedure called Rhizolysis.
- If you do not notice any change in symptoms, then the structures supplied from the nerve that was blocked (or anaesthetised) are not responsible for your symptoms.

CONSENT

We must by law, obtain your written consent. Your Spinal Consultant will explain the risks and benefits to the procedure. These are also outlined in this leaflet. You will be asked to sign a Consent Form prior to the injection. If you have any questions then please feel free to ask any member of the Spinal Team.

WHAT ARE THE RISKS?

Common

- Pain and bruising at the injection site. This will improve after a few days and not everyone experiences it.
- Lack of response to the injection. It may not change any of your symptoms.
- Feeling faint

Rare

- Allergic reaction to the local anaesthetic, dye, antiseptic or plasters used. You would be treated for any severe reaction if it did occur. If you have any known allergies, then please advise your spinal medical team prior to the procedure.
- Infection around the needle site.
- Damage to the nerve root, which sits in front of the joint via trauma from the needle or a bleed around the nerve. Any of these complications can apply pressure to the nerve which may lead to an increase in arm symptoms. This is rare as the injection is done under X-Ray guidance so the Consultant can accurately place the needle.

WHAT ARE THE BENEFITS?

- Response to the local anaesthetic can confirm that we have identified the correct structure responsible for your symptoms. You may then be eligible for a further procedure called Rhizolysis (this procedure can also be known as Frequency Nerve Ablation or Denervation).
- By reducing your pain, you may then be able to engage with other beneficial activities such as exercise or manual therapy.

HOW DO I PREPARE?

Please advise us if any of the following apply:

- You have tested positive for MRSA.
- You are feeling unwell or have a temperature.
- You have been admitted to hospital since being placed on the waiting list for the injection.
- There is any possibility you might be pregnant. The injection is done using an X-Ray.
- If you have a blood clotting disorder.

- If you are taking any medication that thins your blood.

You will need to be accompanied to the hospital and home again. Someone needs to drive you as you will be unsafe to drive yourself due to the potential numbing effect the local anaesthetic can have on your arm. We do not recommend that you use public transport. By the following day this should have worn off. We recommend that you have an escort who can make sure you get home safely.

WHAT HAPPENS DURING THE PROCEDURE?

You will be sent an appointment to come and have your injection as a day case. Expect to be in the hospital for 3-4 hours, although often you will be discharged more quickly than this. You will be asked to change into a hospital gown.

Your neck will be cleaned with antiseptic solution. The injections are done under X-Ray guidance. Local anaesthetic will be injected to numb the skin which will sting. A fine needle is then introduced into your neck down to the nerve to be blocked and more anaesthetic will be introduced around it. The needle will then be removed. By doing the injection with local anaesthetic there is an added advantage of assessing whether there is a diagnostic change in symptoms after the injection, as you will be alert and able to record this whilst the anaesthetic is active (approximately up to 6 hours). The whole procedure takes less than 30 minutes.

WHAT HAPPENS AFTER THE PROCEDURE?

You will be transferred to a recovery area. When you feel sufficiently well enough and staff are satisfied with your observation tests, you will be discharged. Your Escort will need to drive you home. Make a note of any change in your neck, head and arm pain for the first 6 hours after the injection. You may choose to use the pain diary at the end of this leaflet to record the change in pain levels as they occur.

It's very common for the pain to return the following day after the injection. We therefore recommend that you continue with your usual pain relief medications.

The following day you can gradually and gently return to normal day to day activities. We would advise you to avoid strenuous activity for 48 hours after the injection.

WILL I HAVE A FOLLOW UP APPOINTMENT?

Yes. A follow up appointment will be sent to you after this procedure. Please ensure you have completed the pain diary at the end of this leaflet. This will provide your spinal team with essential information to help consider further management options.

WHO DO I CONTACT IF I HAVE CONCERNS?

If you are worried about any symptoms after your injection you can contact the Spinal Nurse Specialist Team. Remember it is common to experience temporary increase in symptoms in the neck and arm after the local anaesthetic wears off. Your first strategy to manage this is taking pain relief as prescribed by your GP and modifying your activities.

Contact us if:

- Your injection site shows signs of infection such as discharge or redness/swelling lasting more than the initial few days or if you have a fever or feel unwell.

- You experience unremitting severe pain, or new pain, weakness or altered sensation in a different place or limb from your symptoms prior to the injection.

If you are unable to reach the Spinal Team or your query is out of hours contact your GP or local Out of Hours Service.

Useful Contact Numbers:

Spinal Nurse Specialists: 01722 435175 Leave a message on the answering machine. Messages will be reviewed between Monday-Friday 8:00 am - 3:30pm. Please leave your telephone number and details and we will call you back.

If you have not received a letter with a follow up appointment one month after your injection, contact your Spinal Team's Secretary:

Mr Hilton	01305 257096/ 01722 435164
Mr Stenning	01305 257096/ 01722 435686
Mr Chapple	NHS 01722 435183/Private 01722435167
Mr Dabke	01722 435176
Mr Davies	01722 435682
Mr Fowler	01722 435176
Dr Park	01305 257096
Elaine Robinson	01722 435168
James Beck	01305 257096
Main Switchboard	01722 422333

Pain Diary:

Pain score: 0 is no pain, 10 is very severe pain.

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

	Neck Pain	Head Pain	Arm Pain
Prior to injection			
2-6 hours after injection			
24 hours after injection			
Two weeks after injection			
One month after injection			
Two months after injection			