

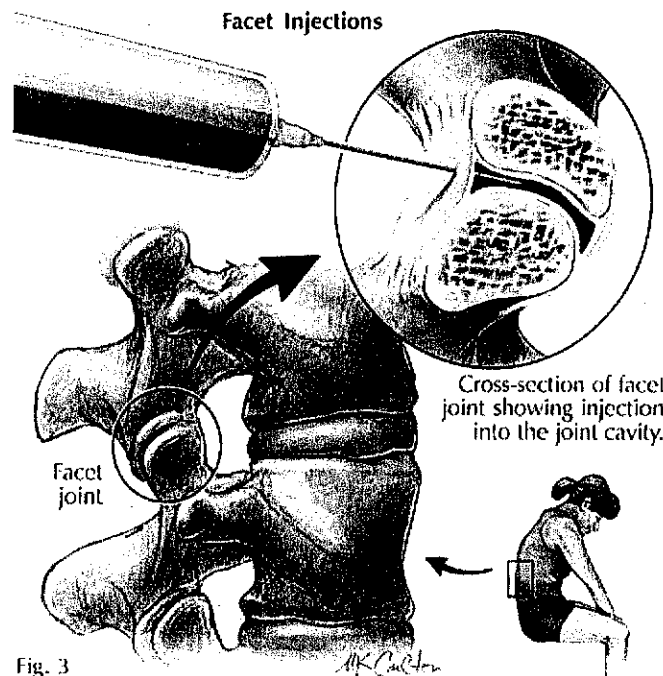
Facet Injections

Ashvin I. Patel, M.D., FAAOS

What are facets, facet injections, and facet rhizotomies?

Facets are the joints that unite the vertebrae in our spinal column. Two vertebrae are united by a disc in the front and two facet joints in the back. Facet injections are performed to relieve pain from an inflamed or arthritic facet joint. In concept, it is similar to giving a patient with an arthritic knee an injection into a knee joint. In both cases, a steroid and a local anesthetic are injected to relieve the inflammation associated with the arthritis. In general, a maximum of three injections can be performed into any one facet joint within a six-month period. Multiple joints are commonly injected because it is often difficult to pinpoint which facet is the cause of the patient's symptoms.

Facet rhizotomy (also known as radiofrequency facet denervation) refers to a procedure that disrupts the nerve that innervates the facet joint. This is achieved with the use of heat probe and a radiofrequency machine. Facet joint injections are usually performed first prior to facet rhizotomies.



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Who performs facet injections?

These are performed by radiologists, anesthesiologists, physiatrists, and other pain management specialists. In general, these injections cannot be performed in an office setting as a fluoroscope (real-time x-ray machine) or a CAT scan is needed.

The procedure is usually done under a local anesthetic and the patient can go home a few hours after the procedure. The patient is asked not to drive or perform any vigorous activities on the day of the procedure.

Who is a candidate for these procedures?

These are invasive procedures. Therefore, they are only performed on patients with back or neck pain who have not responded to physical therapy and medications. ***They are not performed on patients with arm or leg pain.*** A nerve block or an epidural steroid injection is performed on patients with arm or leg pain that does not respond to physical therapy and medications.

What is the success rate of these procedures? What are the alternatives?

This is highly controversial. In general, these procedures do not correct the underlying problem. Therefore, they may only work temporarily. Also, a repeat injection may be necessary for those who develop a recurrence. Unfortunately, some patients do not benefit at all from these procedures.

Alternatives for treatment of incapacitating back pain not responding to medications and physical therapy include acupuncture, chiropractic treatments, and surgery. Unfortunately, unlike surgery for arm or leg pain, it is not universally successful or predictable for low back pain. This is mainly because it is hard to define exactly what is causing the back pain — is it the facet? Is it the disc? Or, is it the loss of alignment?