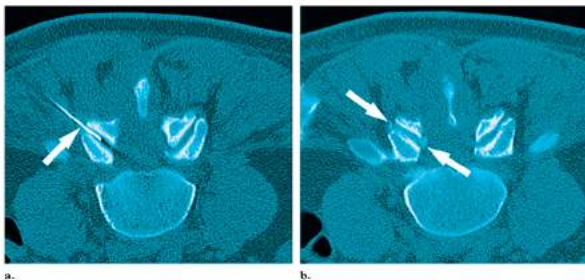




Complex SpineTM
LONDON

CT GUIDED SPINAL INJECTIONS



This leaflet is for patients who are going to have CT-guided spinal nerve and facet joint injections. We hope it can give you more information about what the procedure involves. Please do not hesitate to speak to a member of Complex Spine London (CSL) if you have any further questions or concerns.

www.complexspine.london

WHAT IS A CT-GUIDED NERVE ROOT OR FACET JOINT INJECTION?

The procedure involves an injection of local anaesthetic and anti-inflammatory (steroid) medication around a specific nerve as it leaves the spine, or into or around a spinal facet joint. The local anaesthetic numbs the area and the steroid reduces the inflammation and swelling, leading to reduction or alleviation of pain and other symptoms.

Compared to the other modalities, CT scan provides higher accuracy and precision in targeting the source of pain. It is also relatively comfortable for patients. Hence, we do not offer sedation or a general anaesthetic for the procedure.

IS THIS THE RIGHT TREATMENT FOR ME?



Your CSL consultant thinks that your symptoms are due to irritation or impingement of a nerve by a prolapsed disc, bony spur or from a facet joint. The aim of the injection is to improve these symptoms and to help find out if this nerve or facet joint is the source of your symptoms.

Other treatment options will be discussed with you before deciding to go ahead with the injection(s) and your consent is needed.

It is important to let your doctor know;

- If you have an infection in your body or on the skin of your back; your doctor will postpone the treatment until the infection is cleared:
- If you are taking anticoagulant or antiplatelet medicines that “thins the blood” such as clopidogrel, aspirin, prasugrel, warfarin, ravoxaban, dabigatran, apixaban, edoxaban or heparin. **You must inform your doctor or Complex Spine London administration team immediately as these may need to be stopped for a few days before the procedure.**
- If you suffer from diabetes, steroid injections may cause your blood sugar to vary; you should monitor your blood sugar level and consult your GP if necessary.
- If you have any allergies.
- If there is any chance that you could be pregnant.

WHAT WILL HAPPEN TO ME WHEN I ARRIVE FOR THE PROCEDURE?



Please report to the imaging department reception. We suggest that you do not drive to the hospital as the injection may cause temporary weakness or numbness in arms or leg and prevents you to drive safely back home.

We will ask you to change into a hospital gown before you enter the CT scanning room for your procedure.

Your CSL consultant radiologist will discuss the procedure with you in order to have your informed consent. Please feel free to discuss your concerns or questions about the procedure, side effects or postprocedural period before signing the consent form. Please inform the nurses and your doctor if you suffer from any allergies and/or you are taking anticoagulants.

The CT scanning machine is similar to MRI scanner but has a wider and much shorter tunnel. You will need to lie on the CT bed as you do to have a normal scan. For neck injections, you would lie on your back and for lumbar/back injections, you would lie on your front. From this point, it is very important to keep still until the end of procedure, usually around 15 minutes.

The radiologist puts a marker grid on your skin and a planning CT is performed. Based on this scan, the injection site is marked on your skin with a pen and the area is sterilised with antiseptic medicine. You will feel a stinging sensation as the radiologist injects the local anaesthetic to numb the skin and surrounding area.

A longer fine needle will be introduced and guided into the facet or in very close vicinity of the nerve root in several steps. Between each step, scans will be performed to check the needle position. Once the needle tip is in satisfactory position, the injection will be given. You may feel pressure, tightness or a pushing sensation.

During the procedure, pain is kept under control by injecting local anaesthetic and gentle repositioning of the needle. However, if there is any discomfort at any point of the procedure, do let the radiologist know to address the pain. The ultimate aim is to perform an injection with the least pain possible.

A dry dressing will then be placed over the puncture site.

WHAT HAPPENS AFTERWARDS?

We will ask you to stay in the CT department between 15 and 30 minutes after your injection, so that we can check for potential complications and make sure you feel comfortable enough to go home.

Please keep the dressing dry for 24 hours, after which it can be removed. No dressing is needed after this.

You should not undertake heavy exercise, drive or operate heavy machinery **for 48-72 hours after your procedure.**

75% of people report improvement in the level of their symptoms for up to 6 months following the injection. If the injection does not alleviate your pain, please speak to your CSL consultant.

Your CSL consultant will decide on further management depending on clinical assessment and your response to the injection.

WHEN CAN I RETURN TO WORK AFTER THE PROCEDURE?



This will vary between individuals and may depend on the nature of your work. You should discuss this with your CSL consultant.

WHAT ARE THE RISKS?

This procedure is safe and accurate but, as with any other medical procedure, there are possible risks, side effects or complications.

You may experience a worsening of your usual symptoms in the first few days following the injection. This is either due to irritation of deep tissues at the area of injection or initial reaction caused by steroid (steroid flare). It is self-limiting and resolves within couple of days. Few days after the procedure the steroid begins to take effect.

The most common side effect is temporary discomfort and numbness in the injection area. Your arm or leg may feel temporarily numb or weak after the procedure due to temporary block of the nerve (for up to 2 to 3 hours and very rarely up to 24 hours).

Other rarer risks include:

- Infection – it is manifested by increasing pain, warmth, or redness at the injection site about 7-8 days after the injection. You should contact your GP or CSL consultant immediately as this may require antibiotic treatment. An initial pain in the area of injection few days immediately after the injection is usually due to steroid flare.

- Bleeding or bruising.
- Allergic reaction.
- Nerve, blood vessel or spinal cord injury and stroke. This is very rare.

The side effects related to daily steroid intake for long period time are very rarely seen in CT guided injections.

The CT scans expose the patients to a very small dose of radiation.

Please bear in mind that your CSL consultant believes that the potential benefits of an injection outweigh any potential complications. Please speak with your CSL consultant if you have any concerns or questions.

IS THERE ANYTHING ELSE I NEED TO CONSIDER BEFORE THE PROCEDURE?

- Please bring your glasses if you need them for reading.
- Always bring a list of all current medication.
- Continue to take your medication as usual on the treatment day unless otherwise directed.

FINALLY...

If you require more information or have any questions or concerns please speak to your referring doctor or GP or contact the CSL administration team.

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