

arizonapain[®]treatmentcenters

1301 E. McDowell Rd., Suite 100, Phoenix, AZ 85006

5656 S. Power Rd., Suite 139, Gilbert, AZ 85295

Phone: (602) 265-8800 Fax: (602) 265-8151

Medial and Lateral Branch Nerve Blocks

Medial and Lateral branch nerves are small nerves that carry pain signals from joints in the spine. These medial or lateral branch nerves do not control any muscles or sensation in the arms or legs so there is no significant danger of negatively affecting those areas. A nerve block temporarily interrupts the pain signal being carried by the medial or lateral branch nerves that supply a specific joint. If the patient has the appropriate duration of pain relief after the nerve block injection, that individual may be a candidate for a neurotomy.

A **radiofrequency neurotomy** is a type of procedure in which a heat lesion is created on certain nerves with the goal of interrupting the pain signals to the brain. A neurotomy should then provide pain relief lasting six to twelve months and sometimes much longer.

Medial branch nerve block procedure

As with many spinal injections, medial branch blocking procedures are best performed under fluoroscopy (live x-ray) for guidance in properly targeting and placing the medication.

On occasion, patients may feel numb or have a slightly weak or odd feeling in their neck or back for a few hours after the injection. The patient will discuss with the doctor any immediate pain relief. Ideally, patients will also record the levels of pain relief during the next day in a pain diary. A pain diary is helpful to clearly inform the treating physician of the injection results and in planning future tests and/or treatment, as needed.

Medial branch nerve block results and follow-up

Patients may notice complete, partial or no pain relief during the first 4 to 24 hours after the injection (anesthetic phase), depending on the medication used. Patients may continue to take their regular medications after the procedure, with the exception of limiting pain medicine within the first day after the injection so that the diagnostic information obtained is accurate.

Depending on the amount of pain relief the patient has during the anesthetic phase of the injection, the patient may be a candidate for a radiofrequency neurotomy procedure to try and provide longer term pain relief. *Generally, a patient must report at least 80% improvement in their pain during the first 4 to 24 hours after the injection to be considered a candidate for radiofrequency neurotomy.*

Potential risks and complications of medial branch nerve blocks

As with all invasive medical procedures, there are potential risks and complications associated with medial branch blocks. In general the risk is low, and complications are rare. Potential risks and or complications that may occur will be discussed prior to the procedure being performed.