

Sacroiliac Joint Injection 骶髂關節注射

Background

Sacroiliac joint is formed by the sacrum and ilium. A proportion of patients with low back pain have pain arising from the sacroiliac joint. Trauma and repeated stress may injure the sacroiliac joint or the structure surrounding it, and inflammatory disease of the joint may produce pain. Patients usually present with pain and tenderness over the joint area. Pain may also be referred to the posterior thigh. Sacroiliac joint injection with steroid and local anesthetic often serve the dual function of being therapeutic and aiding in diagnosis. Radiofrequency treatment is sometimes performed to provide pain relief.

How does sacroiliac joint injection work?

1. Local anaesthetic and steroid injected into the sacroiliac joint or the surrounding area will block the pain signal as well as reducing the inflammatory process that causes sacroiliac joint pain.
2. Destroying the innervating nerves to the sacroiliac joint by radiofrequency treatment will relieve pain for longer period.

Sacroiliac joint injection and radiofrequency treatment may provide satisfactory pain relief lasting from weeks to months. You must increase your activity while your pain is improved which can strengthen your muscles to minimize the chance of pain recurrence.

How is sacroiliac joint injection performed?

1. This procedure is usually done in operating room under aseptic conditions.
2. The procedure is usually performed under local anaesthesia. Sometimes a sedative agent may be administered.
3. An intravenous cannula is first inserted into your vein.
4. You will be asked to lie on your front on the operating table.
5. Please keep still during the procedure to avoid any complication.
6. The doctor will disinfect the target site with an anti-septic solution.
7. Procedure will be done under X- ray guidance.
8. The skin and deeper tissues are numbed with a local anaesthetic using a very small needle.

9. The needle is then inserted on your back to the desired position and confirmed by a small amount of X-ray contrast.
10. Local anaesthetic or steroid or both is then injected into the joint. Alternatively, the innervating nerves are destroyed by radiofrequency treatment.
11. The needle is removed and an adhesive bandage is applied.

What are the side effects and potential complications?

Generally, the procedure is safe. Like all other procedures, side effects and complications could occur, although in most cases these are uncommon and not serious. However, serious and potentially life threatening complication could occur in rare occasions.

Potential side effects and complications include:

1. Pain at needle insertion site.
2. Bacteria infection is rare.
3. Bleeding and bruising may occur.
4. Some patients may develop allergic reaction to medications and contrast injected, but serious reactions are uncommon.
5. The local anesthetic might make you feel dizzy. While care is taken to avoid excessive doses, in extreme cases, it might cause convulsion, arrhythmias or death.
6. Adverse effects related to steroid use are temporary and uncommon because it is usually used in a low dose and for short term use. Adverse effects included facial flushing, insomnia, nightmares, nervousness and increased glucose level in diabetes.
7. X-ray radiation risk. Although you will only receive small dose of X-ray radiation, it is harmful to the fetal development. Please inform your doctor or nursing staff if you are, or think you may be, pregnant.
8. Exacerbation of pain for several days after the procedure may occur which is usually mild and self-limiting.
9. Sometimes the block does not provide satisfactory pain relief if other causes are contributing to the low back pain.

Before the procedure

You may be requested to fast for at least 6 hours before the procedure. Please ask your doctor or nurse about the need to fast. You should also inform medical staff of

any past allergy, and major medical problems and inform them if you are taking antiplatelet and anticoagulation drugs. Ask your doctor whether you should continue your regular medication on the day of procedure. If you feel unwell on the day of procedure, please inform the Hospital to postpone the procedure to another day.

The procedure risks may increase and need further discussion if:

1. You are allergic to any of the medications to be injected
2. You are on a blood-thinning medication (e.g. warfarin)
3. You have an active infection

After the procedure

You may resume oral intake only after being assessed by the nursing staff in the ward. If sedative has been used, you should avoid operating heavy machinery, signing legal documents or drive for the rest of the day. Patients who have been given sedation, or have difficulty in walking should be accompanied by a family member or friend.

Follow up

A pain clinic follow up appointment will be arranged for you after the procedure. However, if serious adverse effect or complication develops after the procedure, you should seek medical advice at the nearest Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.