



Comprehensive Pain Physicians

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Cervical, Thoracic and Lumbar Median Branch Nerve Block

What are the medial branch nerves and why are medial branch blocks helpful? Medial branch nerves are the very small nerve branches that communicate pain caused by the facet joints in the spine. These nerves do not control any muscles or sensation in the arms or legs. They are located along a bony groove in the low back and neck and over a bone in the mid back.

If this procedure has been suggested, there is strong evidence to suspect that the facet joints are the source of a patient's pain. Benefit may be obtained from having these medial branch nerves blocked with an anesthetic to see if a more permanent way of blocking these nerves would provide long-term pain relief. Blocking these medial branch nerves temporarily stops the transmission of pain signals from the joints to the brain.

General Pre-Injection Instructions: Be sure to tell your doctor if you have an allergy, particularly to iodine. If you will be receiving sedation, you should **NOT** eat the morning of the procedure. If a patient is an insulin dependent diabetic and receiving sedation, they may need to change their morning dose of insulin to account for not eating the morning of the procedure. Patients may take their routine medications (i.e., high blood pressure and diabetic medications, e.g. Glucophage). Patients should continue to take pain medications or anti-inflammatory medications the day of their procedure. If a patient is on Coumadin or another blood thinner, they should notify the doctor so an appropriate plan can be made for stopping the medication before the procedure. **Although not mandatory, we generally recommend that a driver should accompany the patient and be responsible for getting them home.**

What happens during the procedure? The patient is placed on the procedure table on their stomach so the physician can visualize the areas where the medial branch nerves pass, using x-ray guidance. The skin is scrubbed using antibacterial soap. Next, the physician numbs a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine has been given time to be effective, the physician directs a very small needle using x-ray guidance near the specific nerve being tested. Then, a small amount of numbing medicine (local anesthetic) is injected. This usually does not provoke a patient's usual pain.

What happens after the procedure? After the procedure, the patient is taken to the recovery room and examined for improved movement in the neck or back. Patients are also asked to report the percentage of pain relief. The arm(s), chest wall or leg(s) may feel weak or numb for a few hours. This is uncommon, but occasionally happens following medial branch blocks.

Patients may return to their normal activities on the day of the procedure. **Driving is discouraged on the day of the procedure.**