

# Information for Adult patients undergoing Cervical Medial Branch Blocks for the Treatment of Pain

## Introduction

This leaflet has been designed to provide general information regarding your proposed treatment: cervical median branch block (CMBB). It will aim to answer frequently asked questions. It is intended to aid a guided discussion with your pain physician and team. Please note that practices will vary with local protocol; your physician will be able to tell you what you can expect to happen on the day.

## What is a cervical medial branch block?

A cervical medial branch block involves injecting local anaesthetic with or without steroid to a small nerve around the 'facet' joint or the small joints that connect the spinal bones of your neck. They are important joints that have a role in stabilising and moving your neck. Various structures in the neck can be the cause of your symptoms. Pain that is coming from the facet joint can be diagnosed by performing a cervical medial branch block.

The cervical medial branch nerve transmits pain information in the facet joint to the brain. Pain may arise due to acute or chronic inflammation of the area due to injury or from wear and tear.

The injection then prevents pain information from reaching the brain and gives us information if the pain is indeed coming from the facet joint. Sometimes more than one injection will be needed to treat your pain. The relief of pain is usually short-lived though some patients can experience longer lasting relief.

## Is this the right treatment for me?

A range of treatment options will be discussed with you in your consultation with the pain physician. The doctor will be able to explain to you the likelihood of success in achieving pain relief and how this injection will fit into the overall care of your pain. The decision to proceed with the injection(s) is one that is shared by you and your doctor; it will require your consent before commencing.

In the event where your health has changed, please inform your doctor and pain team.

- **If you have an infection in the skin of your neck or infection in your body.** If this is the case, the injection will be postponed to another day until the infection is cleared.
- **If you are taking blood thinners.** If you have been prescribed antiplatelet or anticoagulant medication (i.e. drugs that thin your blood like clopidogrel, warfarin, apixaban), this will need to be taken into consideration by your pain team.
- **If you have Diabetes.** If steroids are used for your injection, this can affect the blood sugar levels. If you have diabetes, this may mean extra monitoring after the procedure.
- **If you have any allergies**
- **If you are Pregnant.**

## What happens to me in during the procedure?

The doctor will explain the procedure again to you. Then they will take your consent for the procedure. The injection will be performed in a dedicated room with the use of some form of image guidance whether that is an X-ray or ultrasound machine. Imaging is used to make sure that the injection is as accurate as possible. Individual practices of doctors may vary and you will be prepared as per local trust guidelines but generally you may expect the following:

- ▶ **Cannula.** A small plastic tube is inserted into your vein (usually in the back of the hand).
- ▶ **Monitoring.** You may be attached to an automatic blood pressure machine, an ECG monitor and an oxygen saturation probe. This is all part of safely performing the injection in your neck.
- ▶ **Preparation.** You will be carefully positioned and the skin around the injection site will be thoroughly cleaned with antiseptic solution or a spray; note that this can feel very cold.
- ▶ **Imaging.** A form of imaging (X-ray or ultrasound) will be used.
- ▶ **Injection.** Initially, the doctor will numb the skin and surrounding areas with local anaesthetic before the injection in your facet joint. This initial injection will sting before it gradually gets numb. Once numb, the doctor will perform the cervical medial branch block injection for facet joints thought to be causing your discomfort. Once identified, the injection around that area may cause sensations of pressure, tightness and pushing. If your levels of discomfort are too much, inform the doctor. It is important for you to stay still during the procedure. The doctor may perform anywhere between one to three injections on one side of the neck.

## What happens after the injection(s)?

Afterwards you will be transferred on a trolley to a recovery area for further observations. The length of observations may differ from patient to patient but would generally be between 30 minutes to an hour. A member of the team will advise you when you are safe to get dressed and mobilise.

Your pain and your ability to move may be assessed following the injection whilst you are in the recovery area or you may be given a form to fill your pain scores in. The effect of the injections on your pain and activities will help confirm diagnosis and formulate future treatment options for the care of your pain.

## When will I be able to go home from hospital after my injections?

In most cases you can expect to go home a few hours after your procedures, although this can vary between individuals. Arrangements should be made for someone to pick you up after your appointment. This is because you are advised **NOT** to drive after the injection. Failure in arranging transport may lead to rescheduling or cancelling of your appointment. Driving within 24 hours of the procedure will violate your vehicle insurance.

## What can I do after my procedure?

It is recommended that you have someone with you for the first 24 hours. If this is not possible, you should be easily accessible by phone.

### You should not:

- Drive
- Operate heavy machinery
- Sign legal documents
- Provide unsupervised childcare
- Consume alcohol

If you have any doubts about what is expected from you after your injection, do not hesitate to discuss with your pain physician.

## When can I return to work after my procedure?

The time taken to return to work will vary between individuals. The nature of your work and your pain condition should be taken into account when discussing with your doctor and a decision will be made on an individual basis.

## What are the risks of the procedure?

As with any medical or surgical procedure it is, associated with side-effects and risks. Risks can be categorised into common and rare.

### Common risks include:

- ▶ Bruising and tenderness over the area of the injection which usually settles in a few days
- ▶ Fainting can occur up to 5% of procedures.
- ▶ Tingling, numbness or weakness in your limbs which is temporary due to the spread of local anaesthetic around the nerves.
- ▶ Temporary flare up of your pain which usually settles.
- ▶ Temporary imbalance and difficulty walking on the day which usually resolves.

### Rare risks include:

- ▶ There is a chance that it may not work at all.
- ▶ There are important nerves around the cervical spine but chances of significant nerve damage are very rare.
- ▶ Injection into surrounding structures are rare when the needle is placed using small movements however intravascular injection (into your blood vessel) can cause stroke or seizures.
- ▶ Infection. This is very rare and if you notice warmth, redness or you feel generally unwell please seek medical help as it may need to be treated with antibiotics.
- ▶ Steroid related reactions may cause changes to vision, although this is very rare you will need to seek your doctor's advice. The steroids may also cause an upset stomach, which usually settles within a few days. If you are diabetic, you may also need to monitor your sugar levels more closely after a steroid injection for the first couple of days.

## What can I expect in the days afterwards?

Some soreness is to be expected around the site of the procedure and your usual pain may even feel worse before you start feeling relief. Continue on your usual routine of medications. The area should be kept dry for 24 hours.

It is important to keep mobile whilst remembering to avoid overdoing anything. Start off gently and slowly increase the intensity of your activities; exercise in accordance with advice from your physiotherapist or pain team.

The extent of pain relief will vary from person to person. Some people may experience relief but may only last a few months whilst others may have complete pain relief. Nevertheless, it is important to stress that there is a small chance that your pain may not improve or may even get worse.

## What should I do in the weeks after the procedure?

During periods of reduced pain, gradually increase in the intensity of your exercises. The exercises will be shown to you by your physiotherapist or pain team.

## What follow-up will be arranged?

This will be tailored on an individual basis and also varies according to local practice. Your pain physician will explain to you, and write to your GP, stating what method of follow-up is required.

## Other useful information for your procedure

- ▶ Bring hearing aids if you require them
- ▶ Bring your glasses if you need them for reading
- ▶ Bring a list of your prescriptions
- ▶ Continue taking your regular medications unless specifically advised to omit certain medications by your pain physician

## In the event of an emergency

If you experience a lot of increase in pain around an injection site, fever, severe headaches, new symptoms of pins and needles, new muscle weakness in your arms and legs, or you have great concerns about how you are feeling, please do not hesitate to contact your doctor or attend your closest emergency services.

## Summary

This leaflet is not designed to replace the advice and recommendations provided by your pain team, but an aide to help guide well informed discussions with your team in an effort to promote shared decision making.

If you need more information or have any questions or concerns please speak to your GP or contact your Pain Clinic.

Name	
Pain Service	
Contact Address	
Contact Number	

**If you have any comments about this leaflet or the service you have received you can contact :**

Pain Clinic  
Calderdale Royal Hospital  
Telephone: 01422 224085.  
Monday - Friday 9am - 5pm

[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"