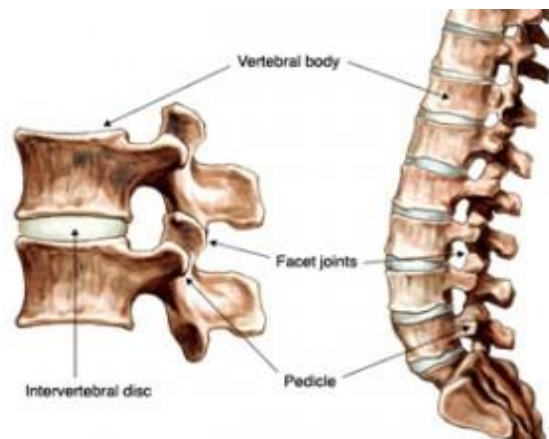


Prognostic Injections

The aim of this information sheet is to help answer some of the questions you may have about having a prognostic injection to manage your pain. It explains how they are performed, the benefits and risks of the procedure as well as what you can expect when you come to hospital. If you have any questions or concerns, please do not hesitate to the team at Interventus Pain Specialists.

Why am I having a prognostic injection?

Broadly speaking, spinal pain can originate from front of spine structures, such as the intervertebral discs, or back of spine structures, such as the facet joints or sacroiliac joints. Muscular dysfunction can also cause and/or exacerbate spinal pain.



Radiofrequency neurotomy (RFN) has been well researched and is established as the most effective treatment for facet joint pain that has not responded to other measures. Prognostic injections help to determine if you are likely to benefit from RFN.

In general the success rate for RFN in patients with probable facet joint pain is about 50%. However, if your pain improves meaningfully with a prognostic injection you are more likely to benefit from an RFN.

With a prognostic injection it is important to remember that the purpose of the injection is **only to establish suitability for RFN**. The prognostic injection involves the injection of local anaesthetic only, **it is only expected to provide relief for a few hours**.

How is the procedure performed and does it hurt?

An anaesthetist will always be present during your procedure to ensure you feel as comfortable as possible.

Before the procedure starts, you will have a small needle (cannula) placed in a vein in your hand or arm so that sedation can be given as necessary. These injections are performed while you are lying face down and supports (such as pillows) will be used under your legs and chest for comfort. Once the area has been cleaned with antiseptic solution, your back will be covered with sterile drapes. You may feel a sharp sting as local anaesthetic is injected to make the skin area numb. An X-ray machine is used to help guide the needle towards the facet joint. Once your pain specialist is happy with the location of the needle a small solution of local anaesthetic is injected.

What are the risks?

All procedures carry a risk of side effects and possible complications.

Common risks and complications:

- Bleeding or bruising
- Backache due to the muscle being aggravated by the needle
- Temporary leg or arm weakness due to local anaesthetic
- Temporary nerve irritation due to the volume of fluid injected

Less common risks and complications:

- Not able to perform the procedure due to medical and/or technical reasons
- Infection requiring further medical treatment
- Allergies
- Damage to surrounding structure needing further treatment

Preparing for your procedure

Please advise your pain specialist at least two weeks before your procedure if you:

- Are taking blood thinners including fish oils or aspirin
- Are diabetic
- May possibly be pregnant
- Are allergic to iodine, betadine, chlorhexadine, shellfish, local anaesthetics or steroids
- Have a temperature, feel unwell or possibly have an infection

You must have a responsible adult (over the age of 18) to pick you up after the procedure and stay with you overnight.

Please make arrangements to ensure you do not drive or make important decisions for the first 24 hours following your procedure.

Day of procedure

- Please have no food within 6 hours prior to your procedure. However, you may drink water up to 2 hours prior, but no more than 200mls per hour.
- Take your regular medication with a small sip of water.
- Shower the morning of your procedure.

After discharge, if you notice:

- Swelling
- Bleeding from the site
- Changes in sensation
- Difficulty with movement of arms or legs
- New symptoms or difficulty passing urine,

Please contact Interventus Pain Specialists during office hours, your general practitioner or your nearest Emergency Department.

What happens next?

Please complete the pain diary for the first week after your procedure.

You will need to return to the clinic to determine if the pain relief provided by the prognostic block was meaningful. Please remember to bring your pain diary back to this appointment. This information will help us to guide you with a comprehensive pain management plan and enhance the outcomes of your procedure.

Contact details

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