



Pain Management Procedural Information

Thank you for choosing South Denver Surgery Center for your procedure. Our goal is to make this a safe, comfortable and caring experience. Below is information regarding the procedures and process in preparation for your visit. After review of this information, we encourage you to write down and bring any questions you may have to your appointment.

Brief description of procedure Types:

- Epidural Steroid Injection** – An injection of local anesthetic and cortisone into the epidural space of the spine. This type of injection places medication on the discs and nerves that are irritated and has an anti-inflammatory effect to reduce pain.
- Selective Nerve Root Block** – very similar to an epidural injection, only a smaller amount of medication is used in order to specifically treat one spinal nerve level.
- Facet Joint Injection** – An injection of local anesthetic and cortisone into the spinal facet joints. These are small, paired joints that line the back of the spine and become painful when arthritic. The medications exert an anti-inflammatory effect on the joint thereby reducing pain.
- Medial Branch Nerve Blocks** – Diagnostic injections of local anesthetic onto the medial branch nerves. These nerves serve to transmit pain signals from the facet joints. It is important to track your usual pain for the 4-6 hours after medial branch nerve blocks to see if you would be a candidate for radiofrequency neurotomy. During that 4-6 hour window, simulate usually painful activities (within reason) and track your improvement.
- Radiofrequency Neurotomy (aka Ablation or Rhizotomy)** – A needle-based procedure in which the specific pain nerves are heated and inactivated. The medial branch nerves transmit pain signals from the spinal facet joints. It often takes 2-3 weeks to see improvement in pain from the procedure, but pain relief typically lasts 6-12 months. Radiofrequency neurotomy can also be performed on the nerves supplying the sacroiliac joints. It is quite common to have pain and soreness from the procedure itself, lasting 1-2 weeks. We recommend using ice and over-the-counter pain medications after these procedures.
- Sympathetic Plexus Block** – Sympathetic nerves transmit pain from the organs and limbs via sympathetic plexuses located on the front of the spine. These include the Sphenopalatine, Stellate, Splanchnic, Celiac, Lumbar, Hypogastric plexuses as well as the Ganglion of Impar. Sympathetic blocks apply local anesthetics, cortisone and other medications onto these nerves to reduce pain and inflammation.
- Sacroiliac Joint Injection** – Injection of local anesthetic and cortisone into the sacroiliac joint. This is a large joint in the pelvis, which is commonly a source for lower back pain.
- Bursa Injection** – All of the bony prominences of our body have a bursa sac overlying them as a cushion. These fluid-filled sacs can become enflamed and cause pain. Bursa injections use a combination of local anesthetic and cortisone to reduce inflammation and pain from bursitis.

Frequently Asked Questions

What is necessary prior to my procedure? Once you have been scheduled for your procedure you will receive a notification from One Medical Passport to complete a health survey. This information is for the nursing staff and anesthesia providers to assess your health status to ensure a safe procedure. You will be contacted by a nurse to review your health information and go over instructions. Anesthetic methods vary for this procedure including localized numbing injection, nurse provided conscious sedation and nurse anesthetist provided deep sedation. Eating and drinking guidelines are no food after midnight the night before your procedure and only clear liquids (e.g. black coffee, apple juice, sports drink, etc.) up to 4 hours before your scheduled arrival time.

How long do Pain Management Injections take? Typically, patients spend about 2 hours at the surgery center for a standard injection procedure. Before the procedure, time is spent completing medical forms, consents, reviewing the medical history with the nurse and having an IV placed. The doctor will meet with you as well. The injection takes about 10-20 minutes in the

operating room. You will spend 20-30 minutes being monitored in the recovery area after the procedure before being released home.

What is injected? Typically, we inject a combination of local anesthetic (like lidocaine) and cortisone (dexamethasone, triamcinolone or others). Some, diagnostic injections omit the cortisone and only contain the local anesthetic.

Why is this injection important? Most painful conditions in the spine boil down to inflammation. It could be arthritis, a herniated disc, a pinched nerve or even some combination of all of these. The cortisone in the injection is the strongest anti-inflammatory medication we have available and we are placing it right where you are most inflamed in order to reduce swelling, inflammation and thereby, pain.

Will it hurt? Most of our procedures are completed under light anesthesia given through the IV. The purpose is to prevent you from experiencing discomfort or feeling the need to move during the injection. After the injection there may be some soreness at the injection site for a couple of days. We usually recommend applying some ice after the injection to mitigate this.

How are the injections performed? You will be lying on an x-ray table with some pads and pillows under you to help position you for the procedure. We will monitor your blood pressure, heart rate, blood oxygen level and other parameters for safety. Oxygen tubing will be placed in your nose. We cleanse the skin with an antiseptic (usually Chloraprep). The anesthesiologist will use medications in your IV to make you relaxed and comfortable. The injection is done under a fluoroscopy which allows us to guide each needle to the exact location for the injection as safely as possible. After the injection, you will be transported to the recovery area.

What should I expect after the injection? Some people feel immediate relief, for others, there is a delay. Sometimes the local anesthetic in the injection can make your arms or legs feel weak or heavy for about an hour – so stand up cautiously when leaving. The cortisone in the injection may take up to 2 weeks to have its full effect. Therefore, we recommend taking it relatively easy for the first few days after the injection and gradually returning to full activity as tolerated.

Are there any restrictions after the procedure? Bring someone with you to drive you home and look after you. There is absolutely no driving for the rest of the day when you have had IV anesthesia. You cannot have any alcohol either. Feel free to be up and about, but in general, avoid strenuous activity.

What if I have had a ‘diagnostic’ injection? Medial branch blocks, lateral branch blocks and other diagnostic injections are used to determine the source of pain by your response to the local anesthetic. After these injections, you have about a 4-6 hour window of effect – that is how long the lidocaine in the injection typically lasts. In these cases, we want you to simulate the activities that usually cause the target pain (within reason) and get a sense of how much improvement you have from the injection. Keep notes or a pain diary for us to review with you later. Include the activity, percentage of improvement, any residual pain, and how long the effect of the injections lasted.

How long does the cortisone last? We are unable to predict how long the cortisone lasts. The effects vary from weeks to months. The purpose of the injection is to reduce swelling and inflammation in order to decrease pain and help you rehabilitate.

How many injections do I need? We assess the effectiveness of each injection and determine the usefulness of repeat injections based on your response. We try to limit the number of injections to three or less cortisone injections in a 12-month period.

Are there any side effects or risks? Overall, pain management procedures are very safe. As with any medical treatment there are risks including infection, bleeding, temporary increase in pain, spinal headache, nerve injury and paralysis. These are all very rare. The risks are further reduced by performing these procedures in an operating room and under fluoroscopic guidance. This creates a very controlled environment for us to give you the best chance to feel better and keep the risks as low as possible.

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