

# Interventions factsheet

Pain patients often have pain which is a challenge to treat and manage.

Part of the management may involve injection therapy.

The evidence for many injections therapies is mixed.

At the pain centre all injections are meticulously audited, such that injections are only repeated only if there is clear evidence of benefit for individual patients.

More information on injection therapies as a whole can be found via the link below.



[General Info Injections \(pdf document\)](#)

## Facet Joint Injections.

Facet joint injections typically contain a mixture of local anaesthetic and steroid.

The injections are placed close to the facet joints which are often a source of pain in musculoskeletal back pain.

The steroid preparation helps to reduce inflammation around the facet joint and hence reduce pain signalling via the nerves that supply the joint and in turn send messages to the brain.

Facet joint injections may help pain originating in the neck or cervical region, the upper back or thoracic region, and the lower back or lumbar region.

Facet joint injections may be considered with people with musculoskeletal back pain.

If they are provided they form a package of a wider treatment plan which may include pain management physiotherapy, pain management psychology, medications and rehabilitation to help the patient manage their chronic pain.

Facet joint injections are a temporary way to relieve pain and are only one modality of treatment within a more holistic treatment plan.

Facet joint injections may not be suitable for all back pain conditions and for patients who have contra indications to the injections such as certain bleeding disorders.

The leaflet below provides further information.



[Facet Joint Injections \(pdf document\)](#)

## Medial Branch Blocks

Medial branch blocks are a diagnostic injection to the very small nerves that supply the facet joints in the lumbar back.

These injections are provided to try and diagnose whether facet joints are the major contributory factor to a patient's back pain.

They can inform the decision to proceed to radiofrequency treatments for back pain.

More information on medial branch blocks can be found below.



[Medial Branch Block \(pdf document\)](#)

## Radio-frequency Nerve Lesioning

Radiofrequency denervation which is also known as facet joint rhizolysis or radio frequency ablation, is a treatment that is used to help with musculoskeletal spinal pain emanating from the facet joint's.

In certain cases it may be appropriate to perform medial branch blocks to diagnose the contribution of facet joint's to musculoskeletal pain.

Following positive medial branch blocks, radio frequency denervation can be used to deactivate the nerves which supply the facet joint and hence stop the signals that are passed from the facet joints to one's brain.

Radiofrequency uses a form of electricity to heat a needle which in turn heats and destroys nerve endings.

It is not a permanent cure for back pain and not all patients are suitable for this treatment.

It is used within the context of a wider treatment plan within chronic pain.

## Nerve Root Block

Nerve root blocks are often conducted to try and relieve pain caused by injury to a nerve root with associated leg pain that originates from the spinal cord.

These are often performed as a transforaminal epidural injection.

More information on these procedures can be found on the epidural steroid injections and via the link below.



Dorsal Root Gang Block (pdf document)

## Epidural Steroid Injections

Epidural steroid injections involve the injection of steroid into the epidural space which surrounds the spinal cord.

They may relieve swelling and inflammation and have a role to play in the treatment of certain pain conditions which may cause back and limb pain.

A variety of different epidural injections may be used including transforaminal injections, to target a particular nerve root or epidural injections placed in the centre of the back to treat other conditions including spinal stenosis.

The use of epidural steroid injections is not suitable for all patients and is used within the context of the wider package of treatment in chronic pain.

Further information on epidural injections can be found via the link below.



Epidural Steroid Injection (pdf document)

## Occipital Nerve Injections

Occipital nerve injections are injections targeted at the occipital nerves in the head.

They aim to relieve associated head pain which may have a neuropathic quality.

Injections can be undertaken using a landmark technique or with the aid of ultrasound guidance.

More information can be found via the link below.



Occipital Nerve Block Peripheral (pdf document)

## Complex Regional Pain Syndrome (CRPS)

This is a debilitating condition affecting a limb with motor, sensory, bone and skin and autonomic changes.

Pain is the overwhelming symptom.

At the pain centre we have a CRPS clinic and use a variety of interventional therapies including spinal cord stimulation and holistic input to manage patients with this condition.

## Head and Facial Pain

## Chronic Abdominal and Pelvic Pain

There are a wide variety of aetiologies which contribute to pelvic and abdominal pain.

Patients who are seen in the pain centre for these kinds of conditions will usually have seen a wide variety of specialties involved in the assessment and diagnosis of their conditions.

Patients with long-standing or chronic pelvic abdominal pain who do not require further interventional or diagnostic procedures may accessed the pain centre for help in managing the pain in the long term.

The treatment is multimodal and may involve medication based therapies and also involves the whole interdisciplinary team, including medical doctors psychologists, physiotherapists and the nursing team.

## Trigeminal Neuralgia

This is an extremely painful facial pain condition.

Trigeminal neuralgia is treated via a variety of medication based approaches as well as through interventional approaches working closely with out neurosurgical colleagues.

We are a specialist centre in the treatment of this condition.

## Sympathetic Blocks

Sympathetic blocks involved injections targeted at the sympathetic ganglia to help to treat pain from vascular, neuropathic or visceral causes. These may include

- Arterial diseases such as atherosclerosis and Beurger's disease.
- Visceral pain from pancreatitis, other abdominal cancers
- Complex Regional Pain Syndrome.

## Trigger Point Injections

## Spinal-cord Stimulation

The Manchester and Salford Pain Centre is a nation specialist centre specialising in Spinal cord stimulation (sometimes known as neuromodulation).

Spinal cord stimulation involved the delivery of small amounts of electric current to the nerves in the spinal cord.

This masks the pain signals that the nerves send to the brain and thus helps to reduce pain.

Spinal cord stimulation can be used to treat conditions such as failed back surgery syndrome, neuropathic pain and complex regional pain syndrome.

## **Peripheral Nerve Injections**