

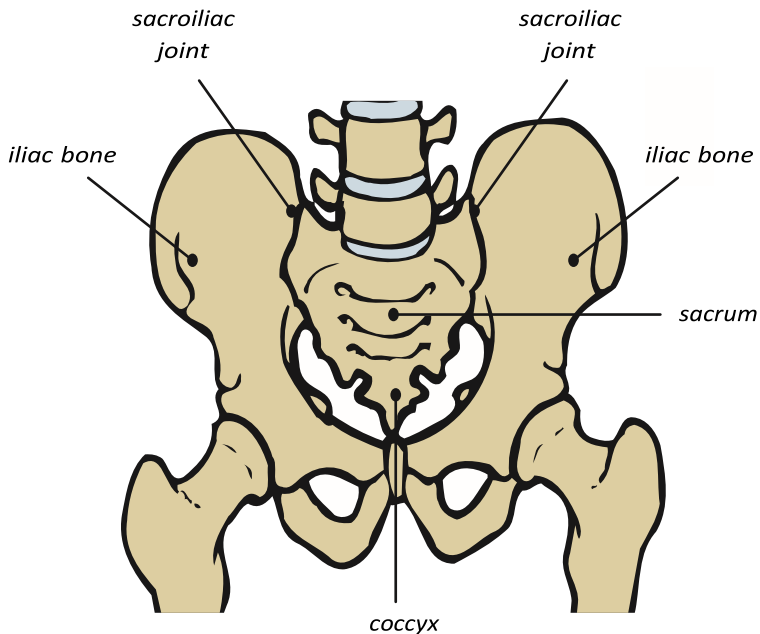
Sacroiliac Joint Pain – Injection Treatment



**Nuffield
Health**

The two sacroiliac joints are positioned in the lower back (lumbar spine), in between the triangular sacrum and iliac bones of the pelvis. They work as a shock absorber to reduce the stress on the pelvis and spine and to transfer the load of the upper body to the lower body, when we stand or walk.

The pelvis



Just like any joint in the body, the sacroiliac joints can become:

- inflamed due to the wear and tear on the cartilage surface and resulting arthritis
- dysfunctional, where there is either too much or too little movement, or injured.

This can cause pain and stiffness, directly over the sacroiliac joint itself and the lower back, which can radiate (travel) behind the hips and into the groins and down the back of the legs. The pain suffered from sacroiliac joint degeneration can often be mistaken as a problem with the hip joint, or lumbar spine, as it can be very similar.

If symptoms are prolonged and interfering with day-to-day life, an injection of anti-inflammatory medicine direct to the source of irritation, can be beneficial and provide excellent pain relief. This should be followed a week or so later by an ongoing exercise program to stretch and strengthen the muscles and help reduce the likelihood and severity of pain returning. Injection therapy should not be considered the only treatment for sacroiliac pain. Continued rehabilitation and stronger muscles for your own 'internal corset' is vital for the future 'health' of your spine and pelvis.

About the procedure

The procedure is carried out with either intravenous sedation (so the patient is asleep) or under local anaesthetic injection, to numb the injection site and surrounding area, **so please follow the when to stop eating and drinking instructions on your admission letter.**

You will be asked to lie down on a theatre table on your stomach. The skin on the back is cleaned with antiseptic solution. **Live X-ray** is then used as guidance to direct the needle into the sacroiliac joint capsule **so please tell us if you could be pregnant. You may be asked to provide a urine sample for pregnancy testing.** A small volume of corticosteroid and / or local anaesthetic is injected. This usually only takes a few minutes to carry out.

You should **continue to take your usual pain relief medication until you begin to feel the benefit of the corticosteroid.** It is important not to stop taking certain pain relief medication suddenly, such as, morphine or neuropathic medication (gabapentin, pregabalin or amitriptyline). It will be necessary to gradually 'wean' yourself off them – your GP can advise you if necessary.

When sacroiliac joint pain has been confirmed beforehand, more than 85 – 90% of patients will experience significant benefits from these injections. However, the duration of benefit is variable and may last a few weeks, months or years.

For a considerable number of patients, the injections can provide excellent pain relief enabling you to continue with physiotherapy, keep active and possibly lose weight if necessary. However, some patients who have had an episode of sacroiliac joint pain are at an increased risk of having a further episode. It may be possible to repeat the injections, if the first has been helpful, although not straight away. Most specialists would wait at least six months before repeating them. If the symptoms have not improved after six weeks or the relief only temporary up to that point, then in certain circumstances, the next stage may be to refer you to a Pain Clinic for further assessment or treatment, including radiofrequency denervation (a procedure which involves the burning of the sacroiliac joint nerves, to interrupt the nerve supply and pain messages).

If, however, the injections / physiotherapy or radiofrequency denervation do not improve the symptoms, then future treatment may include surgery to fuse (join together) and stabilise the sacroiliac joints.

Risks and complications

Fortunately, there are very few risks associated with sacroiliac joint injections. Very uncommon risks include:

- bleeding. You must inform your consultant if you are taking tablets used to 'thin the blood', such as warfarin, rivaroxaban or clopidogrel. It is possible you may need to stop taking these before your injection. If your procedure is scheduled with less than a week's notice, please check with your consultant or pre-assessment nurse which drugs need to be stopped to prevent this being delayed
- infection. Although this is rare, it is important that the skin on your back is clear of skin conditions like psoriasis or eczema as these can increase the risk
- facial flushing or interference with the menstrual cycle or post-menopausal bleeding. This can be a temporary side effect of the steroid
- a rise in blood sugar levels for a few days for people who have diabetes.

Sometimes however, it is difficult to place the needle and inject directly into the joint space due to the presence of bony overgrowths. In this situation, the pain relief from the injection may not be quite as effective.

What to expect in hospital

After the injection, you will be helped back into bed and taken to the recovery ward for a short while, where a nurse will check your blood pressure and pulse. Oxygen may be given to you through a facemask to help you wake up, if you were given sedation. You will then return to the ward.

Going home

You will normally be allowed home within a couple of hours of having had the injections, once you are up and about. **If you have had intravenous sedation, you should not drive for 48 hours and a responsible adult should remain with you overnight. Please arrange for either a friend or relative to collect you from hospital.**

Work

You may be advised to take the next day off work, if you had intravenous sedation, however, you may feel that you need longer if the pain persists. It can take several weeks before the full benefit of the injection takes place. The hospital can give you an off-work certificate or you can ask your GP.

Follow-up

Your surgeon will advise you if you need to attend clinic after your procedure, or how to request a further clinic review if necessary. If you have any queries about the information in this booklet, please discuss them with the pre-assessment /ward nurses or spinal nurse contactable via the hospital switchboard on 02380-266377.

Modified with permission from British Association of Spine Surgeons (BASS) leaflets for Wessex Nuffield Hospital by Spinal Lead Nurse Wessex Nuffield Health.

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