

Sacroiliac Joint Injection

A sacroiliac joint injection is an outpatient procedure for treating low back and buttock pain.

Northwest Spine and Pain Medicine

2607 S. Southeast Blvd Bdg A
Spokane WA 99223

And

5901 N Lidgerwood
Suite 218
Spokane, WA 99208

Ph. (509) 464-6208
Fax 888-316-1928

Your injection has been scheduled for :

Date:

Time:

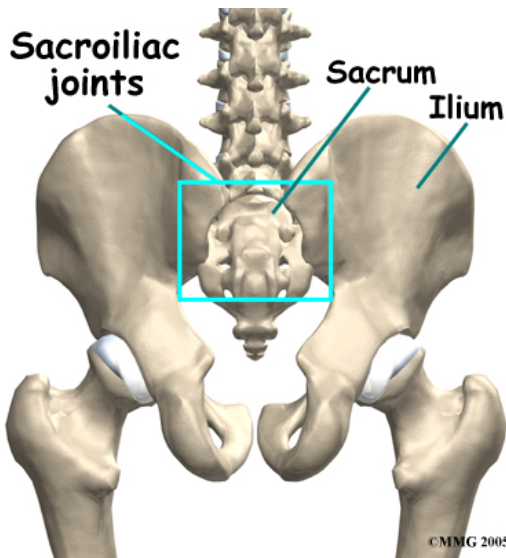
What are sacroiliac joints?

Sacroiliac joints connect your spine to your hip bone. They connect the bottom of the spine, called the sacrum, to the outer part of the hip bone, called the ilium. You have two sacroiliac joints. One is found on each side of the sacrum. Sacroiliac joints help control your hip area when you move. They help transfer forces from your lower body to your upper body. Each sacroiliac joint has several ligaments to help strengthen it.

What is sacroiliac joint pain?

You may feel pain if a sacroiliac joint is injured. At times it may feel like simple muscle tension, but at other times the pain can be severe. Sometimes cartilage inside the joint is injured, but at other times only ligaments around the joint are affected.

You usually feel sacroiliac joint pain in an area from your low back down to your buttocks. But sometimes, if a joint is very inflamed, pain may even extend down the back of the leg. The diagram shows where sacroiliac joint pain usually is felt.



How do I know if I have sacroiliac joint pain?

If you have pain in one or more of these areas you may have sacroiliac joint pain. Common tests such as x-rays or MRIs may not always show if a sacroiliac joint is causing pain. Your pain doctor can do other tests to find out if you have sacroiliac joint pain.

What is a sacroiliac joint injection?

In a sacroiliac joint injection, a local anesthetic and corticosteroid are injected into one or both of your sacroiliac joints, or to the ligaments surrounding the joints. The local anesthetic, a numbing medicine lessens your pain temporarily. The corticosteroid reduces inflammation that may be causing pain. The injection can be used for diagnosis and treatment. If the injection immediately lessens your pain and helps you move better, it tells the doctor which joint is causing the pain.

What happens during an injection?

A local numbing medication will be injected that may sting and burn but fade quickly, then the doctor will insert a thin needle directly into the sacroiliac joint, at that time you may feel pressure. Fluoroscopy, a type of x-ray, will be used to ensure a safe and proper position for the needle. A dye may also be injected to help make sure the needle is at the correct

What happens after an injection?

You will be monitored for up to 30 minutes after the injection in the recovery room. When you are stable to leave, the staff will give you discharge instructions. You will also be given a pain diary. It is important to fill this out and bring it to your next appointment because it helps your provider know how the injection is working.

You may feel immediate pain relief for a few hours after the injection. Your pain may return after this short pain-free period, or may even be a little worse for a day or two. It may be caused by needle irritation or by the corticosteroid itself. It is ok to resume your prescribed medication or over the counter pain relievers and ice. Corticosteroids usually take two or three days to start working, but can take as long as 2 weeks.

How long can I expect pain relief?

The extent and duration of pain relief may depend on the amount of joint inflammation. Other coexisting factors may be responsible for your pain. Sometimes an injection brings several weeks to months of pain relief, and then further treatment is needed. Other times, a single injection brings long-term pain relief. If your pain is caused by injury to more than one area, only some of your symptoms will be helped by a single injection.

Can I have sedation?

Yes, we offer sedation, which will require an IV insertion by our RN. This medication does not put you to sleep, it will just take the edge off of your anxiety and pain. If you choose to have sedation, it is required by law that you bring a driver that stays in the office throughout the entire procedure.

What do I do to prepare for this procedure?

Five days before the procedure stop taking any NSAIDs or blood thinners. (Example, Aspirin, Ibuprofen, Aleve, Toradol, Naproxen, Diclofenac, Meloxicam) If blood thinners are taken for cardiac reasons such as Coumadin or Warfarin then please check with your prescriber to bridge off of the medication to achieve a goal of an INR draw of <1.5 the day of procedure. We ask that you have no food or drink up to 2 hours before the procedure. If you have an active infection or are on antibiotics then please call and ask to discuss this information with the nurse.