

I have received my information packet for the procedure scheduled with Dr. Bernaiche
labeled FACET JOINT NERVE BLOCK.

Contents:

1. General information sheet.
 2. Medication list of general blood thinning (anticoagulant) medications.
- 5 Total Pages

Name:

Date:



General Information Sheet

FACET JOINT BLOCK AS SCHEDULED WITH DR. BERNAICHE

What are lumbar facet joints and why are facet joint injections helpful?

Lumbar facet joints are small joints a little larger than the size of the thumb nails, located in pairs on the back of the spine. They provide stability and guide motion in the low back. If the joints become painful they may cause pain in the low back, abdomen, buttocks, groin or legs.

A facet joint injection serves several purposes. First, by placing numbing medicine into the joint, the amount of immediate pain relief experienced will help confirm or deny the joint as a source of pain. Additionally, the temporary relief of the numbing medicine may better allow a chiropractor or physical therapist to treat that joint. Also, time release cortisone (steroid) will help to reduce any inflammation that may exist within the joint(s).

What happens during the procedure?

The patients are placed on the X-Ray table on their stomach in such a way that the physician can best visualize these joints in the back using x-ray guidance. The skin on the low back is scrubbed using 2-3 types of sterile scrub (soap). Next, the physician numbs a small area of skin with numbing medicine. After the numbing medicine has been given a small amount of contrast (dye) is injected to insure proper needle position inside the joint space. Then, a small mixture of numbing medicine (anesthetic) and anti-inflammatory (cortisone/steroid) is injected. One or several joints may be injected depending on location of the patients usual pain.

What happens after the procedure?

Immediately after the procedure, the patient will get up and be asked to ambulate, try to imitate something that would normally bring about their usual pain. Patients are then asked to report the percentage of pain relief and record the relief experience during the next week on a post injection evaluation sheet ("pain diary"). This will be given to the patient when they are discharged home.

The patient may feel weak or numb for a few hours. This is fairly uncommon, but does occasionally happen. The patient may be referred to a chiropractor or physical

therapist immediately after the injection(s) while the numbing medicine is still working for manipulation or massage.

General Pre/Post Instructions

Patients can eat a light meal no sooner than 4 hours before the procedure. No drinking of fluids 2 hours before the procedure. If a patient is an insulin dependent diabetic, they must not change their normal eating pattern prior to the procedure. Patients may take their routine medications. (i.e. high blood pressure and diabetic medications).

Patients should not take pain medications or anti-inflammatory medications the day of their procedure. Patients have to be able to tell the difference between the injection effect of pain medicine effect and thus should have some to of they usual pain symptoms prior to this procedure. They may not take medications that may give pain relief or lessen their usual pain. These medicines can be restarted after the procedure if they are needed.

If a patient is on Coumadin (blood thinner) or Glucophage (a diabetic medicine) they must notify the office so the timing of these medications can be explained. Generally all blood thinners are STOPPED 5-7 days before the injection.

Complications

Complications are rare but may include headaches, infections, blood pressure changes, bleeding, and discomfort at needle insertion site. Use of steroids rarely causes an increase in blood sugar and blood pressure, as well as swelling. The major complication, that being damage to a nerve is very rare. However, using a blunt needle may even more reduce the risk of this complication.

-Maurice Bernaiche, DO

“BLOOD THINNERS”

Medications that are considered blood thinner, these should be stopped one week before your injection, as requested by Dr. Bernaiche

Advil	ibuprofen
Advil Migraine	ibuprofen
Aleve	naproxin
Ansaid	flubiprofen
Athtotec	diclofenac
Azulfidine	sulfasalazine
Aspirin	aspirin
Aggrenox	dipyridomole aspirin
Angiomax	bivalirudin
Agrylin	anagrelide
Arixta	fondaparinux
Anaprox	naproxin
Celebrex	celecoxib
Combinox	oxycodone ibuprofen
Coumadin	warfarin
Daypro	oxaprozin
Disalisid	salsalate
Dolobid	diflunisal
Ecotrin	aspirin
Feldene	sulindac
Excedrin Migraine	acetominphen aspirin
Fiorinal	codeine aspirin
Fragmin	dalteparin
Heparin	heparin
Indomethacin	indomethacin
Integrelin	eptifibatide
Ketoralac	ketorolac
Lovenox	enoxaparin

Lodine	etodolac
Motrin IB	ibuprofen
Motrin	ibuprofen
Mobic	meloxicam
Naprelan	naproxen
Naprosyn	naproxen
Nuprin	ibuprofen
Oruvail	ketoprofen
Prevacid Naprapac	lansoprazole naproxen
Percodan	oxycodone aspirin
Plavix	clopidogrel
Pletal	cilostazol
Persantine	dipyridomole
Relafen	nabumatome
Refludan	lepirudin
Toradol	ketorolac
Tolmetin	tolmetin
Ticlid	ticlopidine
Trental	pentoxifylline
Trisilate	choline magnesium trisalicylate
Voltaren	diclofenac
Vicoprofen	hydrocodone ibuprofen
Vitamin E	vitamin E
Warfarin	warfarin