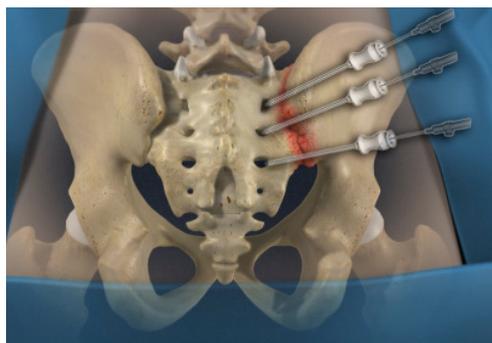


Sacroiliac Joint/ Lateral Branch Rhizotomy



A sacroiliac (SI) joint rhizotomy is intended to provide pain relief by blocking the pain signals that the nerves joints send to the brain. This procedure is reserved for those who have already had at least two injections (lateral branch blocks or sacroiliac joint injections) and have identified the exact source of their pain.



Duration

30 minutes

How is it performed?

Prior to the ablation, you will be positioned on your stomach. The site of the injection will be cleaned, and your physician will administer a dose of local anesthetic to numb the area. Under the guidance of fluoroscopic x-ray, your physician will insert a needle with an electrode at the tip alongside the nerves (lateral branches) to the SI joint. Using radiofrequency, the electrode is heated and destroys the nerve ending, which blocks the pain signals from reaching the brain. This will need to be done twice or perhaps more depending on the number of sites to be treated. Your vital signs will be monitored for the duration of the procedure.

Prior to your procedure

You will have the option of receiving no sedation or:

- oral sedation – or –
- intravenous sedation

If choosing sedation, you must not eat for six hours or drink anything for four hours before the procedure.

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Conditions treated

You may benefit from a sacroiliac joint/lateral branch rhizotomy if you suffer from:

- Sacroilitis
- Sacroiliac joint pain
- Groin pain

To schedule a procedure

Please contact the nurse navigators to schedule any procedure.

- for McCullough-Hyde Ross Medical Center, call 513 246 7182*
- for Good Samaritan Hospital and Bethesda Surgery Center, call 513 246 7958*

*Please note these numbers are for scheduling only

To ask other questions

Please call 513 246 7000. Select Option 3 three times.

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◀ continued from front

You should continue taking all medications except blood thinners before the procedure. Please see your medication handout to know when to hold and resume these medications.

What are some of the risks and side effects?

This procedure is a relatively safe, non-surgical treatment, with minimal risks of complications. Some of the most common or possible side effects are:

- Weakness that may or may not be permanent
- Neuroma
- Numbness
- Infection
- Increased pain
- Lack of pain relief
- Muscle cramping, increased appetite, flushing, headache, elevated blood sugar and nausea, which can last up to 2 weeks. Within the first 1-3 days, patients will commonly get a flushed, red face and a headache, which is related to the steroid medication itself.
- If you have congestive heart failure or are prone to fluid retention, you should monitor your weight each day after the procedure and call your doctor if you have a weight gain of more than 3 pounds.
- If you have glaucoma and experience blurred vision, you should call your ophthalmologist to have your eye pressures checked.
- Hiccups and temporary weakness in the legs have been reported, but are very infrequent.

It is important to be sure that your treating physician has a current list of allergies and medications to help reduce risks during the procedure. Any and all side effects from the procedure should present within the first 24 hours following the procedure.

What to expect after the procedure

You may experience some soreness, bruising or swelling at the injection site. Most patients are able to return to their normal activities the day after the procedure. To ease the soreness, you can use ice and non-steroidal anti-inflammatory drugs (NSAIDs). This usually improves within a week, but can last up to 3 weeks.

You should not drive or engage in physical activity for 24 hours following the procedure.

You should resume medications and regular eating habits immediately. Please see your medication handout for instructions on resuming blood thinners or ask your doctor.

You should call your doctor if you experience a fever over 101 within 72 hours of the procedure.