

WHAT IS A  
MEDIAN BRANCH  
BLOCK?

A medial branch nerve block is a procedure in which an anesthetic is injected near small medial nerves connected to a specific facet joint. The medial branch block is often used as part of a 2-step diagnostic and treatment approach. The procedure is primarily diagnostic, meaning that if the patient has the appropriate duration of pain relief after the medial branch nerve block, then he or she may be a candidate for a subsequent procedure called a radiofrequency ablation. These medial branch nerves do not control any major muscles or carry any sensation in the arms or legs, so there is no danger of negatively affecting those areas - or negatively affecting other pain sensing processes - with a medial branch block.

HOW DOES  
IT  
WORK?

Each facet joint is connected to two medial nerves that carry pain signals away from the spine to the brain. The patient lies face down on a procedure table, and the skin over the area to be tested is well cleansed. The physician treats a small area of skin with a numbing medicine (anesthetic), which may sting for a few seconds. The physician uses X-ray guidance (fluoroscopy) to direct a very small needle over the medial branch nerves. A small amount of contrast dye is then injected to confirm that the medicine covers the medial branch nerve. Following this confirmation, a small amount of numbing medicine (anesthetic) will then be slowly injected onto each targeted nerve. You will then be asked to fill out a pain log to keep track of your pain pre-procedure and post-procedure.

WHAT  
ARE  
THE  
RISKS?

Allergic reaction: The potential allergy is usually to the X-ray contrast solution and rarely to local anesthetic.

Bleeding: A rare complication, bleeding is more common for patients with underlying bleeding disorders.

Infection: Minor infections occur in less than 1% to 2% of all injections. Severe infections are rare, occurring in 0.01% to 0.1% of injections.

Nerve or spinal cord damage or paralysis: While very rare, damage can occur from direct trauma from the needle, or secondarily from infection, bleeding resulting in compression, or injection into an artery causing blockage.

