

Back Injections

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So your doctor has referred you for a neck or low back procedure? Maybe you have electrical pain shooting down your leg or arms or maybe you have deep pain that just will not respond to medication and therapy. What are these injections and how are they different than shoulder or knee injections?

Interventional spine procedures, commonly referred to as “epidural injections” are ordered by medical physicians for purposes of decreasing inflammation at a very specific part of the spine. Indirectly, these injections cannot only decrease pain locally but also modulate discomfort throughout the pathway of an affected nerve to a distal part of the body. Often times, these interventional spine procedures can help localize the primary source of pain caused by numerous conditions such as disk problems or arthritis. While many patients have significantly decreased symptoms following a course of physical therapy and anti-inflammatory medications, some patients require adjunctive care such as a neck or low back injection to achieve their goals of minimizing pain or decreasing numbness or tingling in their arms or legs.

Currently, pain physicians use direct visualization under fluoroscopy to achieve optimum results with an injection. Fluoroscopy offers the opportunity for the doctor to establish a high level of success delivering the medication at the appropriate location without damaging nearby structures or nerves and thereby decreasing the risk for side effects. These fluoroscopy devices or “C-arms” can help doctors administer these injections in clinic settings, surgical centers, or in hospitals.

Usually, an MRI and an EMG are performed prior to a spine procedure to achieve a better understanding of both the anatomy and the physiology of the spine. These diagnostic examinations can help minimize the need for unnecessary injections at different points in the body that may not be the most essential generator of the pain.

Interventional spine procedures such as facet injections, sacroiliac injections, epidural injections, and caudal blocks are done to allow the individual to have decrease symptoms and thereby allow better participation in outpatient physical therapy as well as further activity. Usually the result of the injection is long lasting; however, certain patients require a series of injections over the course of a period of time.

Throughout the United States, various medical specialists perform these injections including physiatrists, anesthesiologists and interventional radiologists. However, a physician who is accustomed to performing multiple injections in his or her practice—usually a board certified pain specialist—is the most adept at these procedures and likely has the best outcome measures.

Overall, these procedures offer the pain patient the options of having further treatment without anesthesia or surgical intervention. Also, the side-effect profile is quite minimal and decreases the need for prolonged oral anti-inflammatory medication, which can upset the stomach lining.

Patients are encouraged to direct specific questions to the medical physician for more specific information regarding these interventions as well as any procedure or medication.

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