WESTERN PAIN CLINIC

Sacroiliac Joint Rhizotomy

A guide for patients

Where is the sacroiliac joint?

The sacroiliac joint is the joint between the sacrum and the ilium bones within the pelvis and are connected by strong ligaments. As we age, the characteristics of the sacroiliac joint change with development of a depression along the sacral surface and an elevated ridge along the iliac surface.

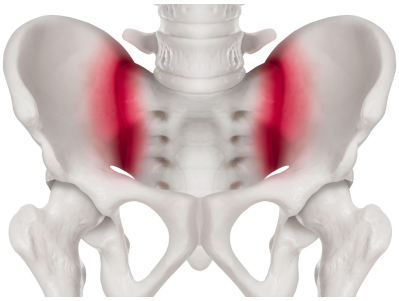
When do we consider a sacroiliac joint rhizotomy?

Inflammation can develop in one or both of the sacroiliac joints. Dysfunction can occur with abnormal motion of the joints causing pain, and arthritis can develop within the joints itself. Pain can be experienced in the lower back, buttocks and refer to the hips or thighs. There may be associated muscle stiffness and spasms within this area. Provocative tests (ie FABERs test) to stress the sacroiliac joint can often reproduce the pain.

What is a rhizotomy?

A rhizotomy is a minimally-invasive procedure to disable a sensory nerve. This can be done by heating, freezing, or pulsing the nerve with radiofrequency waves. A sacroiliac joint rhizotomy disables the multiple sensory nerves (L5-S4) that supplies the sacroiliac joint to prevent pain signals from reaching the brain.

Sensory input varies between individuals with contributions from:
- L5 in 8% of the population
- S1 in 88% of the population
- S2 and S3 in 100% of the population
- S4 in 4% of the population



Before the Procedure

You will need to fast before the procedure. This means:
- No food 6 hours before
- No liquids (except water) 6 hours before. This includes coffee, tea, orange juice etc.
- You can drink water up to 2 hours before the procedure.

Take your usual medications with a small sip of water. Please contact us if you are taking any blood thinning medications, diabetes medication, pregnant, or unwell.

The Procedure

The procedure itself takes 20-40 minutes.

It is a day case, meaning no overnight stay is required. An Anaesthetist will provide sedation and monitor you during the procedure.

The procedure is performed in the operating room with fluoroscopy (X-ray) to ensure accurate needle placement.

Specialized equipment including the radiofrequency cannula, probe and radiofrequency machine are used to heat the needle to 85-90 degrees.

Local anaesthetic and steroid are injected after the rhizotomy to provide further pain relief.

Successful treatment can result in pain relief for 6-24 months.
The procedure can be repeated if your pain returns.

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After the Procedure

- You will be taken to recovery and monitored until you are ready for discharge.
- You will not be able to drive, so ensure someone can drive you home safely.
- Some patients may experience an initial increase in pain, which is common after a rhizotomy. We may prescribe some additional painkillers to cover you for this.
- Avoid over-exerting yourself immediately after the procedure.
- You may gradually return to your day-to-day activities.

If you develop any symptoms (fever, swelling, worsening weakness or numbness, bleeding, loss of bowel or bladder control) after the procedure or have any other concerns, please contact us, your GP, or your local Emergency Dept.

You will be reviewed by our pain nurse via telephone a few days after the procedure.

What are the risks?

No procedure is risk-free but the risks for this procedure are considered to be relatively low.

Possible risks include infection, bruising, haematoma, nerve injury and allergic reactions.
Infection is minimized with appropriate sterile and aseptic precautions.

Bleeding risk is minimized by stopping blood-thinning medications a few days prior. If this applies to you, our pain nurse will remind you to stop your blood-thinning medications a few days prior to your procedure.

Risk of nerve injury is minimized as we use fluoroscopy to guide accurate needle placement.

Severe allergic reactions to the injectates (ie local anaesthetic, steroids) are very uncommon.

Steroids may produce side effects including stomach irritation, insomnia, mood swings, flushing, palpitations.

Post-procedural flare is common after a rhizotomy and can be treated with painkillers.

Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.

Radiofrequency treatment can produce patchy numbness on the overlying skin.

Patients need to be aware that the outcome of the procedure is variable between individuals and they may not receive the desired benefits. The therapeutic benefits of the procedure are transient, and repeat injections may be required.

A: Suite 14, Level 1, Murdoch Medical Clinic, SJOG Murdoch Hospital, 100 Murdoch Drive, MURDOCH 6150
T: 08 6317 9627
F: 08 6323 1888 (enter all 10 digits)
E: admin@wpain.com.au
W: www.wpain.com.au