

Interventional Pain Procedures

Procedures may be offered to help manage your pain. The goal of these procedures is to use minimally invasive techniques to **identify the “pain generators” and interrupt the pain cycle**. Duration of pain relief varies, but a “pain-free window” can often be achieved in which exercise can become easier and prevent the return of pain.

To improve the efficacy and safety of these procedures, most are performed with X-ray guidance (fluoroscopy). To improve safety and comfort, most of them are performed with nursing staff present, IV access and IV conscious sedation. These procedures are elective and do not have to be done. They should be delayed if you have an active infection or are on blood thinning medications.

These procedures are generally very safe and have few risks. However, there are risks and potential complications. Such effects can include bleeding, infection, allergy and side effects of the injected medications, damage to tissues and increased pain.

Contrast agents (isovue, omnipaque, omniscan): These are safe, benign agents that are completely cleared from the body. They are visualized on X-ray and can predict where subsequently injected medications will go. Allergy is rare.

Local anesthetics (lidocaine, bupivacaine, ropivacaine): These are used to block nerve transmission and diagnose and treat pain. The agents are generally safe when administered in small amounts. Allergy is very rare. Complications could occur if injected into the bloodstream. This is avoided by first visualizing the injection of contrast injection. The procedure provides immediate pain relief that may wear off after four to eight hours.

Corticosteroids (betamethasone, triamcinolone, dexamethasone): These are potent anti-inflammatory agents used to treat inflammation of joints, spinal and nervous system structures. They are generally safe when injected in small amounts. Commonly seen side-effects include flushing, insomnia, irritability and increased blood glucose. Risks seen from larger doses are typically not seen with injected doses, but should be discussed prior to injections. (Such risks include osteoporosis, avascular necrosis of the hips, stomach ulcers, immunosuppression, etc.). The onset of effects usually occurs at three to five days and peaks at up to three weeks.

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