



## Sacroiliac Joint Rhizotomy



Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.



## Sacroiliac Joint Rhizotomy

### What is it?

Sacroiliac Joint Rhizotomy is a procedure to treat lower back/buttock pain. It involves placing needles in the lower back, under x ray guidance to burn or freeze the small nerves that supply the sacroiliac joints. This takes away the pain from these joints. It is a common pain procedure which has been well studied.

### What is sacroiliac joint pain?

The sacroiliac joints are large, fused, joints, that form part of the pelvis. There is a left sided, and right sided sacroiliac joint (see picture below). These joints can get arthritis in them leading to, or contributing to, low back, buttock, or groin pain.

SACROILIAC JOINTS ↘





## What is done before the Rhizotomy?

Often a "test injection" is done to determine if your pain is coming from the sacroiliac joints before the rhizotomy itself is done. These procedures aim to numb the joint temporarily to see if this is the source of your pain. Usually an anti-inflammatory steroid is injected, and this can settle down pain for weeks to months. These injections are also done in an operating theatre with x-ray guidance and sedation. These injections are simple, low risk procedures.

Sometimes, if you have a "good story" for sacroiliac pain, or a previous good response to sacroiliac joint injection, your doctor may go direct to a rhizotomy without test injection. The advantages of this include; having only one procedure instead of two, faster pain relief, and it can be more convenient, and not missing anyone who does not benefit from the test injection but still would have benefited from the rhizotomy (the test injection does not perfectly detect all patients who might

benefit from rhizotomy). The disadvantage is that without the test injection, a patient takes the small risks of the rhizotomy with a lower chance of benefit.

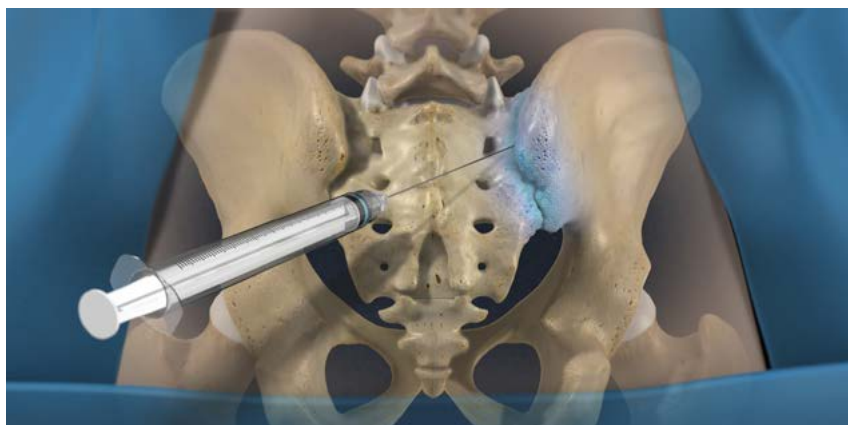
You will need to be fasted on the day of the procedure due to the anaesthetic.

## How is the Rhizotomy done?

The procedure is done in an operating theatre, with medication to make you very sleepy but not totally knocked out. You will lie on your front on an x-ray operating table.

Local anaesthetic numbs the skin. Needles are inserted onto the back of the sacral bone and are guided to the correct area using X-ray. Depending on which procedure you are having done, the needles can either be heated (up to 90 degrees), or frozen (formation of an "ice ball"). This is usually for 1-3 minutes at each site to ablate the nerves

The procedure takes 30-60 minutes, and you will go home the same day.



DIAGNOSTIC INJECTION OF LOCAL ANAESTHETIC +/- STEROID INTO THE RIGHT SACROILIAC JOINT 7



## Who is not suitable for this procedure?

- Patients who are on blood thinning medication (other than aspirin) will need to stop this (in consultation with their doctor) prior to the procedure.
- Patients who have pacemakers, defibrillators or other implanted medical devices may not be able to have this procedure as the electric current to heat the needles may interfere with them.

## What are the benefits of the procedure?

After a positive sacroiliac joint block, between a half and two thirds of patients will get a good response to a rhizotomy. After a "direct" rhizotomy (no test injection) this is closer to one third.

A good response is a 50% or greater reduction in pain. Some people have multiple causes of pain (e.g. pain coming from the discs, other areas in the lower back, hips etc.) – and this procedure will only help sacroiliac joint pain.

Some patients obtain complete relief of pain. Often patients also have an improvement in function – they can walk more easily and do more of their normal activities.

**It is important to know that it can take up to 4 weeks for the pain relief from a rhizotomy to "kick in".**

The average duration of relief from a rhizotomy is around 1 year. This can range from 3 months to over 2 years. The procedure can be safely repeated many times afterwards in the setting of a good result.

## What are the risks of the procedure?

### The common risks are:

- The procedure may not help (especially if there are other contributing factors to the pain).
- Temporary increase in pain: Most people have a flare of pain after the procedure, usually for only a few days but this may last 1-2 weeks. On rare occasions this may last up to 12 weeks. Increased pain longer than this is extremely rare.

### The rare risks are:

- Damage to the nerves to the legs: This is a very rare complication (less than one in 10,000). This could result in a painful, numb or weak leg which on rare occasions can last a long time (weeks to months). Permanent nerve damage is also possible (although even more rare).
- Damage to the spinal cord: This is extremely rare.
- Headache.
- Dangerous bleeding around the spinal cord: Very rare.
- Infection: This is very rare.
- Complications of the anaesthetic – such as breathing problems or pneumonia.



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