

Diagnostic injections and pain management

WHICH INJECTION PROCEDURE SHOULD I ORDER?

Spinal

PROCEDURES	INDICATIONS
Discogram (cervical, thoracic, lumbar)	Useful in pre-surgical planning for patients considering spinal fusion surgery. A discogram pinpoints the source of pain by deliberately provoking the symptoms. Patients who have not responded to medications and conservative treatments, such as bed rest, traction or physical therapy, would be candidates for a discogram.
Epidural steroid injection (cervical, thoracic, lumbar)	Provide treatment for pain associated with disc protrusions, bulging discs, degeneration and spinal stenosis. This procedure may reduce inflammation, resulting in long-term pain relief and can provide valuable information on the source of pain.
Facet joint injection (cervical, thoracic, lumbar)	Used for diagnostic purposes to identify the source of irritation in the small spine joints and may be used therapeutically to block the pain. The pain relief provided by this injection may enable the patient to undergo necessary conventional treatment.
Myelography	A diagnostic procedure performed on the spinal cord and/or nerves of patients with general back pain, previous surgery or implanted hardware. It is also useful when a patient may be unable to have an MRI due to severe claustrophobia or for other reasons. Under fluoroscopic guidance, contrast is injected into the spinal canal. Immediately following, a CT scan is performed to capture images of the spinal canal and any associated spinal pathology.
Piriformis injection	A therapeutic injection in which steroid medication is injected under image guidance into the piriformis muscle, and to help reduce inflammation and relieve symptoms associated with piriformis syndrome. (sciatica, hip and low back pain, numbness, tingling or other symptoms)
Radiofrequency (RF) rhizotomy	A therapeutic procedure designed to decrease or eliminate severe pain from nerves within the spine by applying highly localized heat to burn the nerve and therefore break the pain signal from the spine to the brain.
Sacroiliac (SI) joint injection	Used to confirm whether the SI joint is the source of a patient's pain. Indications include the diagnosis and/or treatment of pain arising from the SI joint. If a steroid is injected, this procedure may also help treat the pain by decreasing inflammation in the joint.
Trigger point injection (TPI)	A procedure used to treat painful areas of muscle that contain trigger points, or knots of muscle, that form when muscles do not relax. This injection is used to treat many muscle groups, especially those in the arms, legs, lower back, and neck. In addition, TPI can be used to treat fibromyalgia and tension headaches.
Selective nerve root block (lumbar)	Indicated for the diagnosis and/or treatment of pain originating from the spinal nerve roots. It is performed to determine if a specific spinal nerve root is the source of pain and/or inflammation around the nerve root. The procedure can help diagnose and/or treat back, neck, leg, or arm pain.
Lumbar puncture	Most commonly performed to obtain a sample of cerebrospinal fluid for diagnostic purposes. It can also be used as a means of administering medication or to decrease spinal fluid pressure.

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DIAGNOSTIC IMAGING*

Musculoskeletal

PROCEDURES	INDICATIONS
Trochanteric bursa injection	Help relieve pain caused by an inflamed bursa sac resulting from chronic pressure or trauma to an area, leg-length abnormalities, obesity, rheumatoid arthritis, osteoarthritis or friction from a tight iliotibial band. Using fluoroscopic guidance, a combination of local anesthetic and steroid medication is injected into the trochanteric bursa.
Ischial tuberosity injection	Indicated when a chronic hamstring tendon origin injury is not responsive to conservative management or the ligament fibro-osseous junction is thought to be the cause of pain. Using fluoroscopic guidance, a combination of local anesthetic and steroid medication is injected into this area to decrease inflammation and alleviate symptoms.
Iliopsoas tendon sheath injection	Indicated to reduce inflammation that may be causing groin pain. Using fluoroscopic guidance, a combination of local anesthetic and steroid medication is injected into the iliopsoas tendon sheath to decrease inflammation and alleviate symptoms.
Iliopsoas bursa injection	The iliopsoas bursa can become inflamed with various hip joint abnormalities such as clinically suspected bursitis and/or tendinopathy of the native hip and post-arthroplasty hip, causing pain and limiting mobility. A combination of local anesthetic and steroid medication is injected into this area under fluoroscopic guidance to help decrease inflammation and alleviate symptoms.
Arthrogram (diagnostic and/or therapeutic)	Aids in the diagnosis of abnormalities or injuries to the cartilage, tendons and ligaments of the knee, shoulder, elbow, wrist, hip, hand, foot or ankle joint. Following the image-guided placement of contrast agent into the joint, an MRI is completed to aid the radiologist in making an accurate diagnosis of the patient's condition. When MRI is contraindicated, a CT scan can be substituted. Therapeutic arthrograms are also image-guided joint injections that primarily treat joint pain by injecting steroid medication. Intra-articular hip and shoulder injections are the most common.
Subacromial bursa injections	Performed under fluoroscopy and used to treat pain associated with clinically suspected impingement syndrome, subacromial bursitis and rotator cuff tendinopathy.
Symphysis pubis injection	Involves the fluoroscopic guided injection of local anesthetic and steroid medication into the symphysis pubis joint for diagnostic and potentially therapeutic purposes for pain and dysfunction associated with clinically suspected osteitis pubis. Runners that present with groin pain that gets better with rest may benefit from this type of procedure.
Sternoclavicular joint injections	The sternoclavicular joint (SCJ) is the only joint holding the upper limb to the axial skeleton which predisposes the joint to frequent traumatic and overuse injuries. This injection is done under fluoroscopic guidance using a local anesthetic-corticosteroid injectate to treat pain and relieve symptoms associated with SCJ joint irritation or arthritis.
Suprascapular nerve block	Provides safe short- and medium-term relief from pain and disability in patients with chronic soft tissue shoulder pain from inflammatory arthritis and/or degenerative disease who do not respond well to conservative treatment. An injection of anesthetic and steroid medication adjacent to the suprascapular nerve is performed with CT-guidance.



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