

CT Guided Spinal Injections

What is a CT guided spinal injection?

Computer Tomography (CT) Guided Spinal Injections are injections at or near the spine performed under CT guidance.

There are three main types of injections depending on where the needle is placed. Each of these is described below:

1. Facet Joint Injections: Injections into the sliding joints at the back of the spine.
2. Perineural Injections: Injections next to the nerves of the neck or lower back as they exit the spine.
3. Epidural Injections: Injections into the space surrounding the sac of nerves in the spinal canal in the lower back.

These injections are performed using a special CT Fluoroscopic technique which enables the safest and most accurate needle placement.

Can anyone have a CT guided spinal injection?

These injections are used to treat neck, back and leg pain that is not responding to other forms of treatment.

As back pain can have many different causes, occasionally these injections are performed to actually diagnose the cause of pain.

What preparation is required?

No preparation is needed.

What you need to tell us prior to your appointment?

At the time of arranging your appointment, please advise us if you are a diabetic, if you may be pregnant, if you have any allergies or a recent history of peptic ulcers. Also advise if you are taking any blood thinners.

What will happen during the procedure?

You will lie on the CT table flat on your stomach. The Radiologist will clean the skin in the area to be injected with special antiseptic. The Radiologist will be standing next to you controlling the CT and will guide a very fine needle to the exact location to be injected using the CT Fluoroscopy Screen in the room.

The Radiologist then injects Cortisone (steroid) with Marcain (local anaesthetic). The steroid used acts to reduce inflammation which is irritating the joint or nerve, and the local anaesthetic reduces transmission of pain through the nerve fibres. Some relief may be given by the Marcain but the steroid takes 4-6 days to be most effective.

How long will the procedure take?

The procedure usually takes 15 to 30 minutes depending on the number of joints or nerves to be injected. You do not have to stay after the procedure.

What can you expect after your examination?

When the injection is performed you may experience some burning or discomfort, but this will only last for a few minutes. If you do experience this transient pain, let the Radiologist know if this is your usual type of pain as this information could be important.

After the procedure you may get some soreness at the needle site, or alternatively numbness. Both these after effects will be temporary, and may last for several days but will settle in a short time.

Rarely, you may get a flare-up of your symptoms lasting several days, but this too will settle in a relatively short time.

Very occasionally, headache can also result.

Panadeine or Panadeine Forte is recommended for temporary pain relief. Allergies to the steroid or local anaesthetic are extremely rare.

If you are a diabetic, the steroid may cause a temporary increase in your blood sugar levels.

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What can you expect after your examination? Cont...

After the procedure you will be asked to monitor and record your subsequent pain levels on a scale of 1 to 10. Please take this record to your referring Doctor. If you experience only limited improvement you may need a further injection.

Warning: It is preferable that you do not drive yourself home as there may be some numbness in an arm or leg after the procedure. If unavoidable please discuss at time of booking.

Are there any risks?

You will receive a small dose of xray radiation during the procedure. CT uses xrays to produce 2D and 3D images. The amount of radiation used is kept to an absolute minimum.

However, please advise the radiographer if you are, or think you may be, pregnant.

Although not common, possible risks include:

- Bleeding, though rare, can occur into the injection site, causing pressure. This may require further treatment to stop.
- Infection into the epidural space, which is rare, can also occur.
- If the fluid sac around the nerves is punctured, this can lead to a fluid leak that results in a headache. This usually settles over a few days with bed rest and analgesia. Only rarely does this require further treatment.
- Spinal cord injury with transient or permanent paralysis is very rare.
- Allergy is considered to be rare.
- Seek medical advice if unusual symptoms persist.

What happens with the images and report?

As CT examinations often involve a complex array of images processing and reporting may take some time. Thus, it is recommended that you discuss collection of the images with the reception staff.

A report will be provided directly to your referring doctor.

We will store digital copies of all studies and reports on our secure patient information system for comparison with any future examinations.

For branch contact details and other services, please visit our website ncrg.com.au