

Sacral joint Inflammation or Sacroiliitis

What is Sacroiliitis

Sacroiliitis is an inflammation of one or both of your sacroiliac joints, which connect your lower spine and pelvis. Sacroiliitis can cause pain in your buttocks or lower back, and may even extend down one or both legs. The pain associated with sacroiliitis is often aggravated by prolonged standing or by stair climbing. Sacroiliitis has been linked to a group of diseases called spondyloarthropathies, which cause inflammatory arthritis of the spine. Sacroiliitis can be difficult to diagnose, because it may be mistaken for other causes of low back pain. Treatment of sacroiliitis may involve a combination of rest, physical therapy and medications.

Symptoms

The pain associated with sacroiliitis most commonly occurs in the buttocks and lower back. It can also affect the legs, groin and even the feet. Sacroiliitis pain can be aggravated by:

- Prolonged standing
- Bearing weight more on one leg than the other
- Stair climbing
- Running
- Large strides
- Extreme postures

Medications

For many, over-the-counter pain medications, such as paracetamol, and/or anti-inflammatory medications, such as ibuprofen, provide sufficient pain relief. Prescription medications may be recommended, such as tramadol (brand name Ultram), or a short course of narcotic pain medications, or muscle relaxants, such as cyclobenzaprine (brand name Flexeril) to help reduce painful muscle spasms.

Sacroiliac joint injections

For severe pain, a sacroiliac joint injection may be recommended both to confirm the sacroiliac joint as the source of the pain and to introduce the anti-inflammatory medication directly into the joint. The injection is done with fluoroscopic guidance, which is a type of live x-ray, to ensure correct placement of the needle in the joint. The injection typically includes both a numbing agent, such as lidocaine, and a steroid, which is a strong anti-inflammatory medication. Sacroiliac Joint Block is an injection procedure used to diagnose and treat low back pain associated with injury or disease to the sacroiliac joint.

Sacroiliac joint radiofrequency treatment

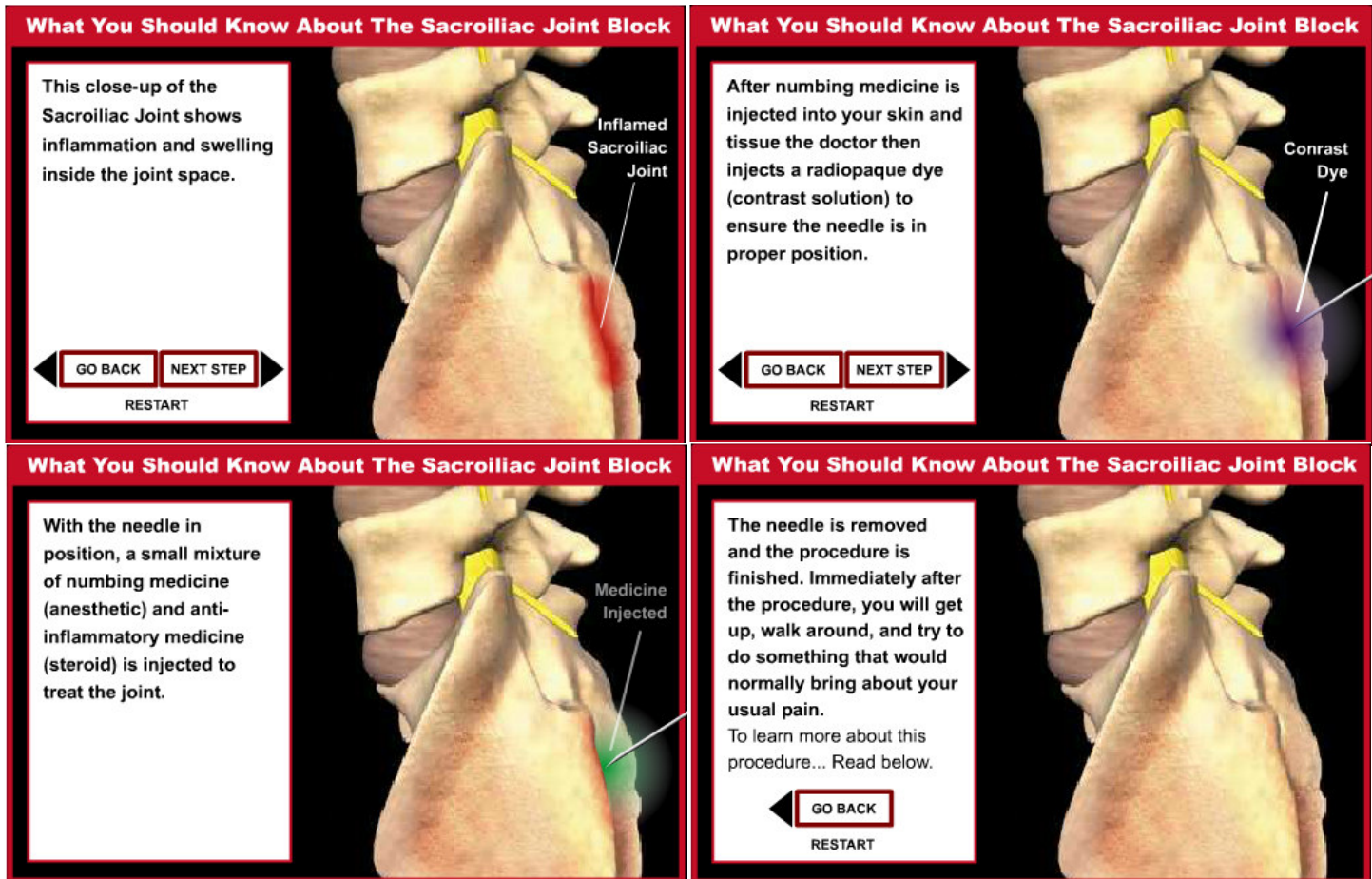
A radiofrequency neurotomy is a type of injection procedure in which a heat lesion is created on certain nerves with the goal of interrupting the pain signals to the brain, thus eliminating the facet or sacroiliac joint pain. A medial branch neurotomy affects the nerves carrying pain from the facet joints, and a lateral branch neurotomy affects nerves that carry pain from the sacroiliac joints.

These medial or lateral branch nerves do not control any muscles or sensation in the arms or legs so there is no danger of negatively affecting those areas. The medial branch nerves do control small muscles in the neck and mid or low back, but loss of these nerves has not proved harmful.

Success Rates of Radiofrequency Neurotomy for Pain Relief

Before this procedure is undertaken, the joints and branch nerves will often have already been proven to be painful by a diagnostic form of spinal injection, and will not have responded to other treatment methods. If effective, the neurotomy should provide facet or sacroiliac joint pain relief lasting for upto 3 years, (-1.5 to +2), depending on age, condition, rehabilitation effort etc . After this period of time, however, the nerve will regenerate, and the facet or sacroiliac joint pain may return. Some patients do not experience any relief from facet or sacroiliac joint pain as a result of this procedure.

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Sacroiliitis exercises

Rehabilitation is essential to achieve long term benefit from your treatment. A prescribed physical therapy program of stretching, strengthening and low impact aerobic conditioning is usually a part of most sacroiliitis or sacroiliac joint dysfunction treatment regimens. The therapy may be done by a physical therapist, chiropractor or other appropriately trained health specialist.

Sacroiliac Injections & Pulsed RF: Risks and Side Effects

Please ensure you have gone through the check list we provide to capture most potential problems and answer most questions patients most frequently ask us. It is essential that you disclose all your prior medical history to your treating doctor team. This includes all medications, operations, family inherited diseases or any other physical, psychological or social problem. Patients who are on a blood thinning medication (such as Coumadin®), or have an active infection, may not be able to have this procedure, and these situations should be discussed with the treating physician. Patients should also let their doctor know of any allergies they have to medications that may be used for the procedure. If your medical team knows the risk we can plan accordingly for the safest and best treatment available for you.

The procedures are done under the vision of the X-ray, which delineates the safe and unsafe zones to avoid any risk of paralysis. There is less than 0.5% chance of nerve injury, infection or bleeding. The procedure is much less invasive than the traditional open surgical approach.

As with all invasive medical procedures, there are potential risks and complications associated with them. However, in general the risk is low, and complications are rare. Potential risks and or complications that may occur:

- Allergic reaction. Usually an allergy to x-ray contrast or steroid; rarely to local anesthetic.
- Bleeding. A rare complication, bleeding is more common for patients with underlying bleeding disorders.
- Infection. Minor infections occur in less than 0.01% to 2% of all injections. Severe infections are rare, occurring in 0.1% to 0.01% of injections.
- Worsening of pain symptoms

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- Discomfort at the point of the injection
- Nerve or spinal cord damage or paralysis. While very rare, damage can occur from direct trauma from the needle, or secondarily from infection, bleeding resulting in compression, or injection into an artery causing blockage.

In addition to risks from the injection, some patients will experience side effects from the steroid medication, such as:

- Localized increase in pain
- Fever the night of injection
- Non-positional headaches resolving within 24 hours
- Transient facial flushing with a feeling of warmth ('hot flashes') for several days
- Fluid retention, weight gain, or increased appetite
- Elevated blood pressure
- Mood swings, irritability, anxiety, insomnia
- High blood sugar—diabetic patients should inform their primary care physicians about the injection prior to their appointment
- A transient decrease in immunity because of the suppressive effect of the steroid
- Severe arthritis of the hips or shoulders (avascular necrosis)—a rare result of excessive and/or prolonged steroid usage
- Cataracts—a rare result of excessive and/or prolonged steroid usage
- Stomach ulcers
- Severe arthritis of the hips (avascular necrosis)

When to Report Side Effects to a Doctor

- *Having a fever for more than 24 hours, which may be indicative of infection*
- *Losing function or feeling in the legs or arms*
- *Loss of bowel or bladder control (meaning either the inability to produce or hold urine or stools) after the local anesthetic and temporary numbness wear off*
- *Severe pain not controlled by over-the-counter pain medication or other measures used in the past*

All of these symptoms are atypical effects, and need to be assessed and addressed immediately by a professional. In general, sacroiliac injections are a low risk, useful, non-surgical tool to combat lower back pain and sciatica caused by inflammation. A conservative analysis of patient outcomes suggests that **most patients will experience pain relief**, although the exact degree of relief enjoyed depends on a number of factors. Their relative safety and efficacy makes sacroiliac injections an integral part of the non-surgical treatment of low back pain.

Please note !

- Test blocks are expected to wear off within 48 hrs and only *sometimes* up to a few weeks.
- Everyone is different - expected results are the averages of the best and worst responders.
- If you have concerns - raise them with your treating doctor
- If you are not sure - dont proceed with the proposed procedure
- If you dont understand the procedure - do not sign consent and dont proceed with the proposed procedure

Resources

- <http://www.mayoclinic.com/health/sacroiliitis/DS00726/DSECTION=symptoms>
- <http://www.spine-health.com/conditions/sacroiliac-joint-dysfunction/sacroiliitis-treatment>