



## Information and advice following Facet Joint Disease

The facet (zygo-apophyseal) joints are small joints found at the back of the spine. These control rotational movement of the spine protecting the intervertebral discs. As the spine ages, or following acute or chronic injury, these joints can degenerate and cause severe pain. Pain is considerably increased by protective spasm in the back muscles.

The diagnosis of Facet Joint Disease is almost purely clinical and little additional useful information is gained by plain x-ray, CT scan or Magnetic Resonant Imaging (MRI). Although these may show disc degeneration, this is not likely to be of clinical significance.

It is important to realise that pain does not necessarily come from your discs – this is in fact relatively uncommon.

A feeling of putting your “back out” associated with a “click” or “crunching” is most likely the facet joint not the disc.

This may be accompanied by agonising sharp pain which requires immediate rest as any attempt at movement may trigger a painful muscle spasm.

Treatment of this common and painful condition involves radio frequency denervation of the nerves supplying the affected joints.

As the nerves supply more than one joint, it is necessary to treat more levels than those directly affected. This is usually very effective and may last nine to twelve months.

The treatment can be repeated if required.

It is not unusual for this painful condition to affect different areas of the spine e.g. neck and the lower back. Also severe low back pain may arise from the sacroiliac joints below the spine.

This may be felt in the buttock/s and the legs and be mistaken for sciatica.

Radio frequency denervation is also used to treat this type of pain.

Radio frequency denervation is done in an operating theatre under sedation or light anaesthetic.

X-ray or fluoroscopy is used to identify correct electrode placement and local anaesthetic with a steroid drug is injected to assist in post operative recovery.

Normally you can expect to be discharged several hours following the procedure but in some situations a night in hospital is needed.

Moderate pain can be expected and agents such as Panadeine or similar should be available.

Pain may take up to two weeks to settle fully.

If you have any problems or concerns related to your procedure please contact your doctor, or your nearest Emergency Department.