TRIGGER POINT INJECTIONS

Trigger point injections are performed on an out patient basis for treatment of myofascial pain. This information sheet will provide you further details regarding this procedure.

WHAT ARE TRIGGER POINT INJECTIONS?

Trigger point injections involve injection of local anaesthetic and steroid into the tender points in the muscles of the neck and the back. The local anaesthetic calms the pain down and the steroid works as an anti inflammatory medicine.

WHAT ARE TRIGGER POINTS?

Trigger points are discrete, focal, hyperirritable spots with in a taut band of skeletal muscle. Acute trauma or repetitive microtrauma may lead to development of stress on muscle fibers and formation of trigger points.

WHY DO TRIGGER POINTS CAUSE PAIN?

Trigger points can result in build up of painful chemicals within the muscle belly. They can also trap or irritate surrounding nerves and cause referred pain.

WHAT HAPPENS DURING THE PROCEDURE?

The procedure is performed under ultrasound guidance. The doctor will identify individual muscle layers and inject local anaesthetic and steroid into the tender muscles.

The procedure is performed under local anaesthetic and you will remain awake during the procedure.

WHAT HAPPENS AFTER THE INJECTION?

A nurse will monitor you for up to 30 minutes after the procedure.

You will be instructed not to drive for up to 24 hours after the injection or longer if you feel unsafe. You will need some one responsible to take you home.

You can generally return to work the next day but you should avoid heavy work and strenuous activity for up to 48 hours.

The procedure may not help in some cases. Your pain may be exacerbated for up to a week or sometimes longer from the steroid injection. We always warn you about serious side effects including infection, nerve damage and bleeding but these are extremely rare.

The doctor will discuss these side effects in more detail when you sign the consent form.

HOW LONG CAN I EXPECT THE PAIN RELIEF TO LAST?

The duration of pain relief is variable and difficult to predict. The injection may last from a few weeks to several months. The aim is to break the pain cycle to enable you to engage in a rehabilitative process, which is the mainstay of treatment for chronic pain.

IS THERE ANY THING SPECIFIC THAT I NEED TO INFORM THE DOCTOR ABOUT PRIOR TO THE PROCEDURE?

You should always tell the doctor if you are pregnant or likely to be pregnant.

You should inform the doctor about any blood thinning medications that you might be taking. This includes Aspirin, Clopidogrel, Warfarin, Heparin and some of the newer ones like Rivaroxaban.

Finally always inform the doctor about your allergies, especially latex, iodine and medications.

The above information is for general education only. Please ask specific questions to the doctor during your consultation.

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PROCEDURES WE OFFER

LUMBAR EPIDURAL INJECTION
CAUDAL EPIDURAL INJECTION
LUMBAR FACET JOINT INJECTION
CERVICAL FACET JOINT INJECTION
THORACIC FACET JOINT INJECTION
DORSAL ROOT GANGLION BLOCK
NERVE ROOT BLOCK
LUMBAR FACET RADIOFREQUENCY DENERVATION
CERVICAL FACET RADIOFREQUENCY DENERVATION
TRIGGER POINT INJECTION
Sacroiliac Joint Injection
Coccyx Injection
Ganglion Impar Block
Piriformis Injection
Inguinal Nerve Block
Pudendal Nerve Block
Joint Injection
Occipital Nerve Block
Pulsed Radiofrequency Treatment
Intercostal Nerve Block
Rectus Sheath Block
Trochanteric Bursa Injection
Ischial Bursa Injection
Iliolumbar Ligament Injection
Quadratus Lumborum Injection

ACHILLES TENDON INJECTION
PLANTAR FASCIA INJECTION
GENICULAR NERVE BLOCK & RF NEUROTOMY OF KNEE JOINT
SUPRASCAPULAR NERVE BLOCK
BOTOX INJECTION
PLATELET RICH PLASMA THERAPY
TENNIS ELBOW INJECTION
GOLFER'S ELBOW INJECTION
SUPRASCAPULAR NERVE ABLATION
BOTOX FOR MIGRAINE
CERVICAL MEDIAL BRANCH BLOCKS
LUMBAR MEDIAL BRANCH BLOCKS
STELLATE GANGLION BLOCK
HIP JOINT COOLED RADIOFREQUENCY ABLATION
INGUINAL NERVE ABLATION
LATERAL FEMORAL CUTANEOUS NERVE BLOCK
GREATER AURICULAR NERVE BLOCK
BOTOX FOR BACK PAIN

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