Cervical Facet Joint Injection
For head, neck, and upper arm pain

A cervical facet joint injection is an outpatient procedure for treating neck, upper back, shoulder, head, and arm pain. This information page will explain what it is then your provider will explain if it is for you.

What is a Cervical Facet?

Facet joints are small thumb nail sized joints in the spine. They are a true joint and two are found at each vertebral level. Along with the intervertebral disc they are the joints in your spine that make your back flexible and enable you to bend and twist. Each vertebrae is a three joint complex with the large intervertebral disc in the front and the two smaller facet joints in the back. Healthy facet joints have cartilage, which allows your vertebrae to move smoothly against each other without grinding. Each joint is lubricated with synovial fluid for additional protection against wear and tear.

Mechanism of injury treated with a cervical facet injection:

When your facet joints become swollen and painful due to osteoarthritis or injury such as whiplash, it is called facet joint syndrome. Facet joint syndrome can be caused by a combination of aging, pressure overload of your facet joints, and injury.

Pressure overload on your facet joints is probably caused by degeneration of the intervertebral discs in your spine. As the discs degenerate, they wear down and begin to collapse. This narrows the space between each vertebra. This narrowing of the space between each vertebra affects the way your facet joints line up. When this occurs, it places too much pressure on the articular cartilage surface of the facet joint. The excessive pressure leads to damage of the articular surface and eventually the cartilage begins to wear away.

When facet joint arthritis gets bad enough, the cartilage and fluid that lubricate the facet joints are eventually destroyed as well, leaving bone rubbing on bone. Bone spurs begin to form around the facet joints. When bone spurs develop, they can take up space in the foramen (the opening between vertebrae where nerve roots exit the spine) and press into nerve roots. As the bone spurs begin to grow larger, they can eventually extend into the spinal canal itself. This leads to narrowing of your spinal canal, called spinal stenosis.

How do I know if I have cervical Facet symptoms?

Patients with facet joint syndrome have difficulty twisting and bending their spine. If you have facet joint syndrome in your cervical spine (your neck), you may have to turn your entire body to look left or right (stiff neck). Pain patterns vary depending on the level of your pain producing facet joint but typically include pain in the neck, head, shoulders, upper back, or upper arms. Pain is usually worse in the mornings and when standing or sitting for long periods. It should be suspected if you have arthritis in other joints, you are over 60, your pain doesn’t radiate down your arms past your elbow, and MRI is negative for disc protrusion. Facet joint syndrome may be the cause of pain in as many as 45% of patients (Image shows facet pain distribution). Your provider can help determine if this procedure is right for you.
What is a cervical facet joint injection?

In this type of injection, a local anesthetic with or without a steroid is injected into one or more of the cervical facet joints. Many times multiple facet joints are involved and therefore you may need multiple injections during a single visit. The injection can be used as a diagnosis and/or a treatment. If the injection immediately lessens your pain and helps you move your neck better, then your provider will know which facet joint is causing the pain (diagnosis). A steroid is typically also used to treat inflammation inside the facet joint. The steroid may relieve your pain for weeks, months, or even years (treatment). Your provider then has options for further diagnostics and treatment depending on the quality and duration of your relief!

What happens during an injection?

You will arrive for the procedure and be given a hospital gown. You will then be taken to the procedure room where you will be asked to move to an x-ray table where you will lie on your stomach. After a sterile prep and drape local anesthetic will be used to numb your skin. The practitioner will then insert a thin spinal needle into each diseased facet joint. Fluoroscopy, a type of x-ray, must be used to ensure the safe and proper position of the needle. A dye is first injected to ensure the needle is in the correct spot to maximize safety and effectiveness. Once the needle is verified to be exactly where it needs to be the medication is injected. The needle is then withdrawn, a band aid is applied and you will be taken to a recovery area.

What happens after an injection?

You will be monitored for approximately 20 minutes after the injection. When you are ready to leave the staff will give you discharge instructions. Take it easy the rest of the day. You may feel immediate relief from the local anesthetic for a period of time. This may indicate the medication has reached the right spot and we have identified the right pain generator.

Your pain may return after this short pain free period, or may even be a little worse for a day or two. It may be caused by needle irritation or by the corticosteroid itself. Corticosteroids usually take a few days to a week to start working. You may return to work the day after the injection and resume your normal activity and exercise program.

How long can I expect pain relief?

Depending on the amount of joint damage and number of joints involved an injection can provide up to months of pain relief. If you get long term pain relief then further injections can be done in the future with similar results should the pain return. Typically if an injection provides greater than three months of pain relief then we can repeat the procedure. If you had immediate relief from the injection but the pain returns before three months we can take a different route to find you relief. (see medial nerve branch blocks)