Sacroiliac Joint Injection FAQS

What is the sacroiliac joint?

The sacroiliac joints are the meeting place between the triangular bone known as the sacrum (roughly located in the area below the belt, known as the “small of the back”) and ilium, which is one of the bones of the pelvis. Thus the sacroiliac joint is where the lowest bones of the spine meet the pelvis.

What type of pain can a sacroiliac problem cause?

Inflammation in the sacroiliac joint –sacroiliitis- can cause pain in the low back and buttocks, more rarely in the abdomen or groin and leg.

How does sacroiliitis happen?

At least 2-3% of the population may suffer from sacroiliitis. It occurs most frequently in young people who have inherited a specific gene known as HLA-B27, and/or have ankylosing spondylitis, psoriatic arthritis or Reiter’s disease. Reiter’s disease usually occurs in young men, perhaps with a history of a recent venereal infection who develop sacroilitis plus foot or knee pain. Women with sacroilitis often have had a recent episode of a gynecological or urinary tract infection. Sacroiliitis may also cause pain in the piriformis muscle, which is a muscle in the buttock that attaches to the sacroiliac joint. This muscle is roughly were the pants pocket is when you sit.

How is the diagnosis made?

The diagnosis is difficult, as no one specific test can tell you if you have it. The Doctor will put together a diagnosis by correlating the timing of the pain during the day, activities that brought on the pain, family history of similar pain, lab tests showing presence of inflammation, and physical exam findings such as tenderness over the joint itself, pain with various pelvic compression tests, and pain on the opposite side with a leg crossing test known as Patrick’s test. Bone scans and MRI studies can show the presence of joint disease. Other possibilities for the cause of the pain should be examined as well.

How is it treated?

Generally anti-inflammatory medications and exercise are beneficial. If not, placing powerful anti-inflammatory medication such as a corticosteroid directly into or along the joint can be very helpful. This injection can also help confirm the diagnosis, as local anesthetic can be injected at the same time, numbing the joint. If the pain improves with this numbing medicine, it is a fair to good indicator that the joint is the source of your pain.

What happens during the procedure?

The patients are placed on their stomach. The skin on the low back is scrubbed using sterile scrub (soap). Next, the physician numbs a small area of skin with numbing medicine. This medicine stings for several seconds. After the numbing medicine has been given time to be effective, the physician directs a very small needle, into the joint. X-ray guidance is sometimes needed to confirm placement. Then, a small mixture of numbing medicine (anesthetic) and anti-inflammatory (cortisone/steroid) is injected. One or both joints may be injected depending on location of the patients usual pain.

What happens after the procedure?

Immediately after the procedure, the patient will get up and walk around and try to imitate something that would normally bring about their usual pain. Patients are then asked to report the percentage of pain relief and record the relief experienced during the next few weeks on a post injection evaluation sheet ("pain diary"). The leg(s) may feel weak or numb for a few hours. This is fairly uncommon, but does occasionally happen. The local anesthetic will wear off, and typically the patient feels sore at the injection site for a few days. The anti-inflammatory effect of the corticosteroid typically doesn't produce pain relief until 2-3 days after.

General pre/post injection instructions

Patients can eat a light meal within a few hours before the procedure. If a patient is an insulin dependent diabetic, they must not change their normal eating pattern prior to the procedure. Patients may take their routine medications. (i.e. high blood pressure and diabetic medications). If a patient is on Coumadin (blood thinners) or is diabetic they must notify the office so the timing of medications can be explained. Patients are generally asked to be at their appropriate location 20 minutes prior to the procedure and can expect to be at that facility approximately 1 hour. A driver must accompany the patient and be responsible for getting them home. No driving is allowed the day of the procedure. Patients may return to their normal activities the day after the procedure, including returning to work.