

Cervical nerve root infiltration (periradicular infiltration)

Dear Patient,

Your doctor has referred you for a nerve root infiltration. Nerve roots are arranged symmetrically on the left and right sides. They exit the spinal cord through small openings between two neighboring vertebral bodies. One or several of your nerve roots are impaired by an intervertebral disc (disc herniation or disc prolapse), by arthrosis of the small vertebral joints, as a result of general narrowing of the spinal canal or due to narrowing of the nerve exit. The primary aim of infiltration is to alleviate your pain through a targeted injection of medication. This treatment can also relieve any muscle stiffness and make it easier to apply supportive measures like physiotherapy again.

The infiltration procedure

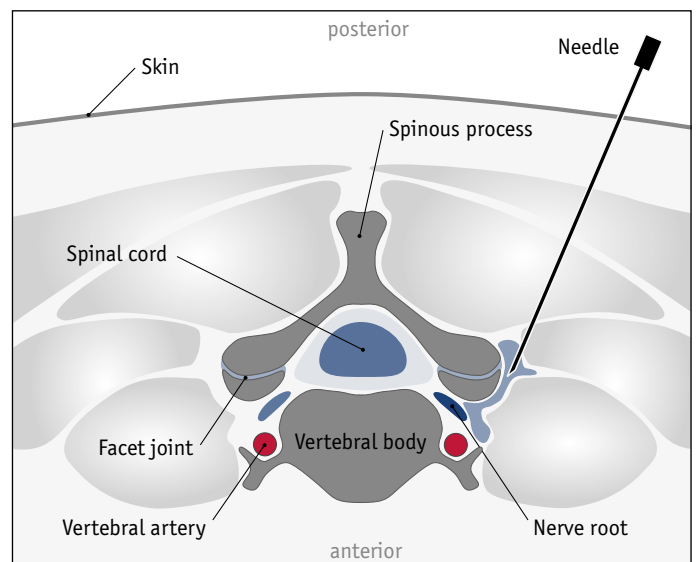
The examination is performed with guidance by computerized tomography (CT). In total, you will have to lie in the prone position during the planning and the actual infiltration for approximately 15 minutes. After a brief consultation, the radiologist reviews several of the CT images to determine the optimal access route. Once the appropriate site is found, the skin is desensitized with a fine needle (local anesthesia). The needle is then advanced in a few increments, under repeated local anesthesia until the tip of the needle is lying on the lateral aspect of the facet joint. For safety reasons, the injection cervically is not made directly at the nerve root. In between, several of the CT images are used to monitor the needle's position. Once the needle is located next to the facet joint, a small amount of contrast agent is injected through this needle. The aim is for the contrast agent to spread along the nerve root. Then, some cortisone and a local anesthetic is injected through this same needle. The local anesthesia should noticeably alleviate the pain within a few minutes. The cortisone inhibits local inflammation. For safety reasons, only water-soluble cortisone is used for cervical nerve root infiltrations.

After the local anesthesia wears off - which can take several hours - you might notice some of your familiar pain again. The action of

the cortisone gradually takes effect after approximately 1-3 days. It is rare if no alleviation of the existing pain occurs.

What complications can occur?

- Due to the local anesthesia in the proximity of the nerve, you might experience disturbed sensation (tingling) in your arm and perhaps weakness in your arm for several hours. For that reason, you are also not permitted to operate a motor vehicle for several hours.
- Rarely, a bruise may form.
- Allergies to intravenous contrast agents occur with a much rarer frequency.
- Infections are very rare.
- Circulatory disorders (brain, spinal cord) from injury to the posterior carotid arteries are very rare.



Naturally, you may ask us questions at any time before and during the infiltration procedure.

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of birth:	<input type="text"/>

Please answer the following questions

	Yes	No
■ Do you take blood thinners?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you suffer from infections?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
■ Do you suffer from allergies?	<input type="checkbox"/>	<input type="checkbox"/>
■ Are you or might you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

I agree that the invoice can be sent directly to the insurance company and digitally stored for me in the MRI. I have understood the information given, have answered all questions conscientiously and hereby consent to having the infiltration performed.

Date:	<input type="text"/>	Patient's signature:	<input type="text"/>	Radiologist:	<input type="text"/>
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