

Lumbar Medial Branch Block

Understanding Your Risks

Lumbar medial branch block (MBB) is a minimally invasive procedure used to help diagnose chronic low back pain that may be coming from the facet joints in the spine. The procedure is a **TEST** involving injecting a small amount of local anesthetic near the medial branch nerves under image guidance.

Common Risks and Their Frequency:

- **Temporary pain or soreness** at the injection site, mild headache, muscle soreness, nausea, or a vasovagal reaction (such as feeling faint) may occur. These are usually mild and resolve on their own. Minor bleeding or small bruises (hematoma) can occur in about 0.1–1% of cases.[\[1\]\[2\]](#)
- **Vascular penetration** (the needle entering a blood vessel) can occur in 3.6% to 20% of procedures, depending on anatomy and technique. This is minimized by careful technique and real-time imaging.[\[1\]](#)
- **Nerve root irritation** is rare (about 0.1%) and typically resolves without long-term effects.[\[1\]\[3\]](#)
- **Allergic reactions** to the injected medication are very rare.[\[1\]](#)
- **Dural puncture** (accidentally entering the spinal fluid space) and resulting headache are exceedingly rare.[\[1\]](#)
- **Infection** (such as epidural abscess or meningitis) is extremely rare when proper sterile technique is used.[\[1\]\[2\]](#)
- Most minor complications resolve without intervention.[\[1\]\[2\]](#)

Serious or Rare Risks:

- **Major complications are exceedingly rare.** Large studies have not reported permanent neurological deficits after MBB.[\[1\]\[3\]](#)
- **Cauda equina syndrome** (a serious nerve injury) has been reported in rare cases, especially when particulate steroids are used. If a steroid is needed, non-particulate types are recommended.[\[4\]](#)
- **Vascular or neural injury** may occur, especially in patients with unusual anatomy or prior lumbar surgery, but this is very uncommon.[\[1\]\[3\]\[4\]](#)

Patient acknowledgment:

By signing below, you acknowledge that you understand the above risks, their estimated frequency, and the potential for both common and rare complications associated with lumbar medial branch block. All your questions have been answered to your satisfaction.

Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

References

1. [The American Society of Pain and Neuroscience \(ASPN\) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain](#). Sayed D, Grider J, Strand N, et al. Journal of Pain Research. 2022;15:3729-3832. doi:10.2147/JPR.S386879.
2. [The Immediate Adverse Events of Lumbar Interventional Pain Procedures in 4,209 Patients: An Observational Clinical Study](#). Sencan S, Sacaklidir R, Gunduz OH. Pain Medicine (Malden, Mass.). 2022;23(1):76-80. doi:10.1093/pm/pnab230.
3. [Consensus Practice Guidelines on Interventions for Lumbar Facet Joint Pain From a Multispecialty, International Working Group](#). Cohen SP, Bhaskar A, Bhatia A, et al. Regional Anesthesia and Pain Medicine. 2020;45(6):424-467. doi:10.1136/rapm-2019-101243.
4. [Cauda Equina Syndrome After Unilateral Medial Branch Blocks of the Lower Lumbar Zygapophyseal Joints](#). Zaghdoudi Z, Eldabe S, Copley S, et al. Pain Practice : The Official Journal of World Institute of Pain. 2022;22(6):582-585. doi:10.1111/papr.13110.