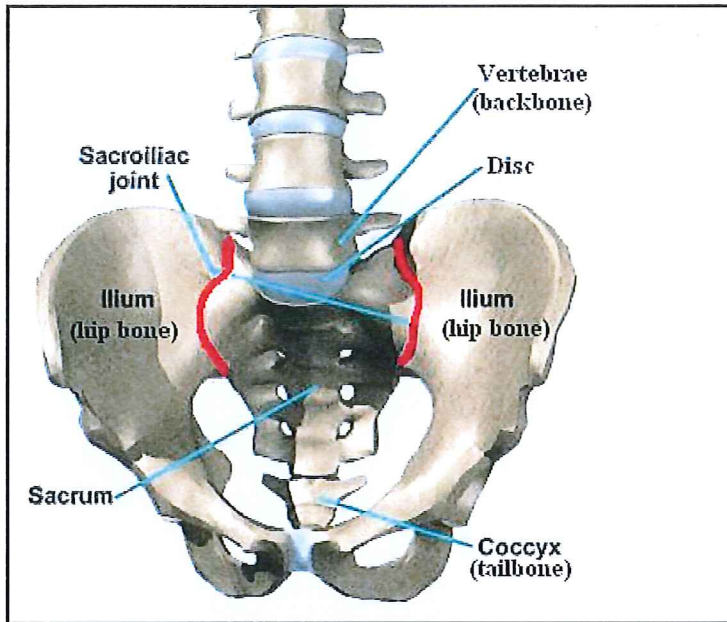




Sacroiliac joint pain



Sacroiliac joint, or SI joint, can cause pain for various reasons. Some people with certain types of rheumatological conditions can have an inflammation of the sacroiliac joint called sacroiliitis. Other people can irritate the sacroiliac joint by twisting a certain way, or injuring the area. Women tend to have looser ligaments that hold that area together because they are made to have children. Looser ligaments can mean more movement in that joint, which can in turn irritate the area and cause pain.

Symptoms: Pain is usually in the low back / buttock area on one side or the other. SI joint pain typically does not go above the hip bone area. Pain is typically worse with **transitional movements** such as going from sit to stand or going up and down stairs. Pain can shoot into the buttock and back of

thigh but typically does not shoot below the knee. There is usually no weakness, numbness, or tingling associated with SI joint pain.

Diagnosis: SI joint pain is usually a clinical diagnosis based on history and physical examination. Imaging, such as x-rays and MRIs typically do not show any abnormality unless it is severe.

Treatment: Treatment may consist of physical therapy to work on pelvic and lumbar stabilization, core muscles, and posture/alignment. Superficial injections with ultrasound (targeting the ligaments and can be done in-office) and deep injections (actually going into the joint, needs to be done under x-ray guidance) can be performed. Medications such as anti-inflammatory medications and muscle relaxants may be used. For long term relief, if none of the above approaches produce long lasting relief, a **radio-frequency ablation** procedure can be performed, which destroys the nerves that supply the joint. This procedure typically can produce relief lasting 3-9 months (the nerves regrow) but in some patients may be more permanent.

There are few **contraindications** to performing injections: **bleeding disorder, anticoagulation, and allergy to medications.** **Diabetes** and **congestive heart failure** requires caution. The current use of **aspirin** or **nonsteroidal anti-inflammatory** drugs is not an absolute contraindication but most physicians ask patients to stop **5 days** before the injection.

Complications are uncommon and usually temporary and serious complications are rare. **Infections** may be introduced by injection techniques. **Bleeding** is usually easily controlled. We use **xray guidance (fluoroscopy)** to minimize the risk of injuring structures like the spinal cord, nerves, and blood vessels. The contrast dye allows us to see where we are and where the medication will go. Lastly, the injection procedure may not improve a patient's pain.