RENOVA PAIN

PATIENT EDUCATION

Sacroiliac Joint Injection

Diagnostic local-anesthetic injection • Therapeutic steroid injection

What is a sacroiliac joint injection?

The sacroiliac (SI) joints connect the lower spine to the pelvis. An SI joint injection places medication into the joint using live X-ray guidance (fluoroscopy) and contrast to confirm accurate needle position.

SI joint pain is commonly felt below the beltline and may extend into the buttock, hip, groin, or upper thigh. The injection may be performed on one side or both sides when clinically appropriate.

THE GOAL	To determine whether the SI joint is a major source of your usual pain and, when steroid is used, to reduce inflammation and provide longer-lasting relief.

Diagnostic or therapeutic—which am I having?

	DIAGNOSTIC	THERAPEUTIC
Medication	Local anesthetic only—no steroid.	Local anesthetic plus corticosteroid.
Purpose	Temporarily numb the joint to test whether it is causing your usual pain.	Reduce SI-joint inflammation and provide longer-lasting relief.

How will the result be evaluated?

- Diagnostic: record your pain before the injection and during the expected local-anesthetic window. Perform normal, safe activities that usually provoke your SI-joint pain and note the percentage and duration of relief.
- Therapeutic: track pain relief and improvements in walking, standing, sitting, sleep, exercise, and daily activities over the following days and weeks.

The exact relief threshold used to define a positive diagnostic injection depends on the clinical purpose and applicable coverage requirements.

Risks and possible side effects

Temporary soreness, bruising, numbness, leg heaviness, dizziness, fainting, or a pain flare may occur. Rare risks include infection, bleeding or hematoma, allergic reaction, unintended medication spread, nerve injury, or persistent worsening of pain. Serious complications are uncommon.

BEFORE YOUR PROCEDURE

Preparing for Procedure Day

Follow the individualized instructions from Renova Pain and the procedure facility

Medications

DO NOT GUESS	SI joint injections are generally low bleeding-risk procedures. NSAIDs and many prescribed blood thinners can often be continued, but patient-specific factors may change the plan. Never stop a prescribed medication on your own.

- Tell us if you take aspirin, Plavix/clopidogrel, warfarin, Eliquis/apixaban, Xarelto/rivaroxaban, Pradaxa/dabigatran, Lovenox/enoxaparin, or another blood thinner or antiplatelet medication.
- NSAIDs—including ibuprofen, naproxen, meloxicam, diclofenac, ketorolac, and celecoxib—are generally continued unless Renova Pain gives you different instructions.

GLP-1 medications for diabetes or weight loss

Examples include Ozempic®, Wegovy®, Mounjaro®, Zepbound®, Trulicity®, Victoza®, Saxenda®, Rybelsus® and similar drugs. Tell us the schedule, last dose, recent dose changes, and any nausea, vomiting, abdominal pain, bloating, or constipation. Follow the anesthesia team's individualized instructions.

Tell us before the procedure

- Any infection, fever, antibiotics, open wound, recent hospitalization, pregnancy or possible pregnancy, contrast allergy, medication allergy, bleeding problem, new weakness or numbness, or major symptom change.
- Diabetes or poorly controlled blood sugar—steroid may temporarily raise glucose. Monitor as instructed and contact the clinician managing your diabetes for significant elevations.

Sedation and procedure-day checklist

Diagnostic injections are usually performed without sedation because sedation may affect pain reporting. If sedation is medically necessary or planned, follow the facility's fasting and transportation instructions.

☐	If instructed to fast: no solid food for at least 8 hours before arrival; stop clear liquids 2 hours before arrival unless the facility gives stricter instructions.
☐	Take only approved morning medications with a small sip of water. Ask specifically about insulin and other diabetes medications.
☐	Wear loose clothing. Bring a photo ID and updated medication list. If sedated, arrange for a responsible adult to drive you home.
PLEASE CALL	Contact us before the procedure if you are ill, started antibiotics, have an active infection, may be pregnant, or did not follow medication or fasting instructions.

AFTER YOUR PROCEDURE

What to Expect After an SI Injection

Temporary soreness is common; the timeline depends on the injection type

Diagnostic injection—local anesthetic only

- Relief may begin within minutes and should generally last only as long as the local anesthetic. Pain returning afterward does not mean the diagnostic injection failed.
- Complete the pain diary carefully. Record pain before the injection, immediately afterward, and at the requested time points while performing safe activities that usually cause pain.

Therapeutic injection—with corticosteroid

- The local anesthetic may provide brief relief. The steroid usually begins helping over 2–7 days; improvement may continue for up to 2 weeks and can last weeks to months.
- A temporary pain flare, facial flushing, insomnia, mood change, headache, menstrual change, or increased blood sugar may occur. Contact us if symptoms are severe or persistent.

Bandage, bathing, activity, and sedation safety

Bandage	Keep clean and dry. Remove the next morning (about 12–24 hours). No replacement is needed unless there is minor drainage.
Shower	You may shower the next morning. Let water run over the site; do not scrub. Pat dry.
Bath / pool / hot tub	Do not soak or submerge the procedure site for 3 days. Wait longer if it is open, draining, or irritated.
Activity	Take it easy the day of the procedure. Resume light activity the next day. Avoid strenuous exercise and heavy lifting for 48 hours.
If sedated	For 24 hours: no driving, machinery, alcohol, cannabis, important decisions, or sedating medication unless approved.

Call us promptly if you develop

Fever, chills, increasing redness, warmth, swelling, drainage, severe or rapidly worsening pain, persistent numbness or weakness, difficulty walking, severe headache, uncontrolled blood sugar, or signs of an allergic reaction.

EMERGENCY	Call 911 or go to the nearest emergency department for new paralysis, loss of bowel or bladder control, trouble breathing, facial or throat swelling, chest pain, or loss of consciousness.

General education only. Follow the individualized instructions from your procedural team and call with questions.