An Evaluation of an Educational Intervention to improve Comprehension of medial and lateral branch blocks as Diagnostic Procedures

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Background

Medial and lateral branch blocks (MBB/LBB) are the diagnostic standard for facet- or sacroiliac joint–mediated pain. A positive response is the indication for proceeding to radiofrequency ablation (RFA), while block relief is temporary by design.

Consent depends on patients understanding its diagnostic and prognostic role. Comprehension is often poor despite high satisfaction. **To our knowledge, no study has examined this directly.**

This initiative characterises baseline comprehension and evaluates whether a structured educational brochure improves it.

Methods

Design
This is a multi-centre, open-label, quality-improvement initiative conducted under an existing registry approval (REB #24-5864, Institutional Chronic Pain and Neuromodulation Registry); as both groups received routine clinical management and the brochure supplemented standard information only, a separate REB submission and formal research consent were not required.

Population
Patients undergoing diagnostic cervical, thoracic, or lumbar MBB, or sacral LBB, across five hospital sites.

Allocation
Allocated in a 1:1 ratio to routine clinical practice or routine practice plus a structured educational brochure, using block randomization (target enrolment 100 patients, 50 per arm).

Measurement
An 8-item, pre-procedural, interviewer-administered questionnaire assessed comprehension of the diagnostic purpose, expected relief threshold, duration of relief, and the pathway to RFA (total score 0–8).

Outcomes

The primary outcome is the median comprehension score in each group, summarised with the interquartile range; the secondary outcome is the between-group difference.

Do patients know this injection is a test, not a treatment?

A five-site randomized quality-improvement initiative testing whether a structured educational brochure changes what patients understand before medial and lateral branch blocks.

Patients scheduled for diagnostic cervical / thoracic / lumbar MBB or sacral LBB · five sites

Block randomization 1 : 1

Arm A
Routine clinical practice

Arm B
Routine practice + brochure

8-item comprehension questionnaire before the procedure · score 0–8

Interim Results

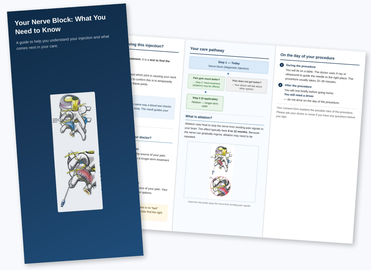
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Median comprehension score (0–8)

Usual care	Brochure
5.5	8.0

Interim data. Enrolment is ongoing; the between-group comparison will follow.

The Intervention



A structured educational brochure covering cervical, thoracic and lumbar MBB and sacral LBB, in plain language.

It **supplements** rather than replaces the routine verbal consent discussion.

The Questionnaire

A	**What is injected**	Local anaesthetic, not a steroid.
B	**Purpose and threshold**	To locate the source of pain; ≥ 50% relief counts as a positive response.
C	**Duration of relief**	Hours, not months.
D	**What happens next**	A positive block may lead to RFA; a negative block does not.
E	**Experience (unscored)**	Whether there was time to ask questions.

Sites

- **Toronto Western Hospital**
- **Princess Margaret Cancer Centre**
- **Mount Sinai Hospital**
- **Women's College Hospital**
- **Infini Health, Hamilton**

Next Steps

- Enrolment continues across the five sites toward the target of 100 patients.
- The between-group comparison will be reported once the target sample is reached.

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