

Intrathecal Baclofen Trial

How it works, risks, and what to expect

An intrathecal baclofen trial will help your doctor decide if an intrathecal baclofen pump is right for you.

What is intrathecal baclofen therapy?

Intrathecal baclofen (ITB) therapy is a treatment that uses the drug baclofen to help manage *spasticity* (muscle tightness). The drug is injected into the *intrathecal space*, which is the space around your spinal cord that holds the *cerebrospinal fluid* (CSF).

CSF is a clear fluid that bathes and cushions your brain and spinal cord. It is made up of cells, water, proteins, sugars, and other substances. CSF helps keep your nervous system working well.

What is an intrathecal baclofen trial?

For long-term ITB therapy, baclofen can be placed in a pump that is surgically placed under the skin of your belly. Your provider believes that this pump might work well for you.

But, before we place this pump, we want to make sure that it will work for you. This is why we ask you to have this trial first.

For your trial, your provider will:

- Insert a small hollow needle into your lower back
- Withdraw a small amount of CSF from the space around your spinal column
- Inject baclofen into the CSF



For your trial, a needle will be inserted between the vertebrae in your lower back.

What are the risks of an intrathecal injection?

This procedure involves accessing the CSF around your spinal cord. Some of the risks of this procedure are:

- A small amount of CSF can leak from the needle insertion site. This can cause headaches after the procedure. If the leak is not stopped, a headache can be very painful.
- A small risk of infection. This is because the needle breaks the skin's surface. It is possible for bacteria to enter your body through the puncture site.
- Short-term pain or numbness in your legs, or lower back pain.
- Bleeding in the spinal canal. This is very rare, and may resolve on its own. Talk with your doctor if you have any questions.

You may also have other risks, based on your health condition. Talk with your provider about any concerns you have.

How do I get ready for the trial?

Your provider will explain the procedure to you and tell you how to prepare. Be sure to ask your provider any questions you have.

Tell your provider:

- If you have had a bleeding disorder or if you are taking any *anticoagulants* (blood-thinners), aspirin, or other medicines that affect blood clotting. You may need to stop taking these medicines before the trial.
- If you are pregnant or think you might be.
- If you have had any back surgery.
- About **all** medicines and herbal supplements you take.
- If you have a history of seizures or if you are taking any medicines for seizures.

Based on your health condition, your provider will tell you what to do before your procedure. Most patients are asked to:

- Stop taking baclofen and other spasticity medicines on the morning of the trial. Bring these medicines with you. Your provider may tell you to take them after the trial is over.
- Sign a consent form that gives us permission to do the procedure. Read this form carefully. Ask questions if something is not clear.

If you will be going home right after the trial:

- Plan to have another person drive you home after the trial.
- We may ask you to stay in the hospital for several hours before you leave.

What happens on the day of the ITB trial?

- Most patients do **not** need to fast (stop eating) before this procedure. But, you may need to fast if you will receive a sedative (medicine to help you relax). Follow your provider's instructions.
- Please come to the 2nd floor of the Surgical Pavilion to check in. Your check-in time is: _____ a.m. / p.m.
- After you check in, a staff person will bring you to the PACU (post-anesthesia care unit). You will stay here during the trial. Most times, the trial takes about 5 to 6 hours from start to finish.
- Your rehabilitation (rehab) doctor and a physical therapist (PT) will meet you at the PACU. They will review your history and check the *spasticity* (muscle tightness) in your legs.
- An anesthesiologist will then arrive to explain the procedure and the consent form.

What happens during an intrathecal injection?

This injection may be done on an *outpatient* basis or as part of your stay in a hospital. How your procedure is done depends on your health condition and your provider:

- Some providers prefer to do this procedure at your bedside.
- Other providers use a type of live X-ray called *fluoroscopy*. This means you will need to come to a special exam room.

Most times, here is what to expect during this procedure:

- We will:
 - Ask you to remove any clothing, jewelry, or other objects that may interfere with the procedure. If you wish to leave your pants on, please wear something with an elastic waistband.
 - Give you a hospital gown to wear.
 - Ask you to empty your bladder before we start the procedure.

- During the procedure, you will either:
 - Sit on the edge of an exam table with your arms draped over a table in front of you; or
 - Lie on your side on an exam table, with your chin tucked to your chest and your knees tucked to your belly.
- In either position you will slump your back. This helps widen the spaces between your vertebrae and makes it easier to insert the needle.
- We will clean your back with an antiseptic and cover you with a sterile plastic drape.
- Your provider will wear sterile gloves during the procedure.
- Your provider will inject a *local anesthetic* to numb the skin on your back. This injection may sting for a few seconds, but it will help make the spinal injection less painful.
- Your provider will insert a hollow needle through your numbed skin and into the intrathecal space. You will feel some pressure while the needle is inserted. **You must hold very still while the needle is inserted.**
- When the procedure is done, your provider will remove the needle and place a bandage over the injection site.
- Tell your provider if you feel any numbness, tingling, headache, or lightheadedness during the procedure.

Will I feel any pain during the trial?

You may have discomfort during this injection. Your providers will use all possible comfort measures. We will finish the procedure as quickly as we can to lessen any discomfort or pain.

What happens after the intrathecal injection?

- Most patients must lie flat for about 1 hour after the trial is done. This helps lower the risk of getting a headache.
- After 1 hour, you will be allowed to roll onto your side, as long as you do not raise your head. If you need to urinate, you may need to do so in a bedpan or urinal during the time that you need to stay flat.

- We will remind you to drink extra fluids after the procedure. This replaces the CSF that was withdrawn and lowers the chance of getting a headache.
- The PT will return 2 hours after your injection to check your mobility, spasticity, and range of motion.
- Your rehab doctor will return 4 hours after the injection to repeat this testing. This doctor will decide if you had a positive or negative response to the trial.
- You will then be able to go home or back to your hospital room.
- Your provider may tell you to limit your activity for 24 hours after the trial. Most patients return to their normal diet and activities, if no problems arise.

When to Call

Once you are at home, call the Rehabilitation Medicine Clinic at 206.598.2376 if you:

- Have numbness or tingling in your legs
- See blood or feel pain at the injection site
- Cannot urinate
- Have a headache that:
 - Lasts for more than a few hours after the procedure
 - Gets worse when you change positions

The clinic is open weekdays from 8 a.m. to 5 p.m. After hours and on weekends and holidays, call 206.598.6190 and ask to page the Rehabilitation Medicine doctor on call.

Content in this handout is adapted from the information sheet "Lumbar Puncture," © 2000-2020 The StayWell Company, LLC.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Rehabilitation Medicine Clinic:
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from 8 a.m. to 5 p.m.

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and holidays, call 206.598.6190
and ask to page the
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on call.