

Information leaflet

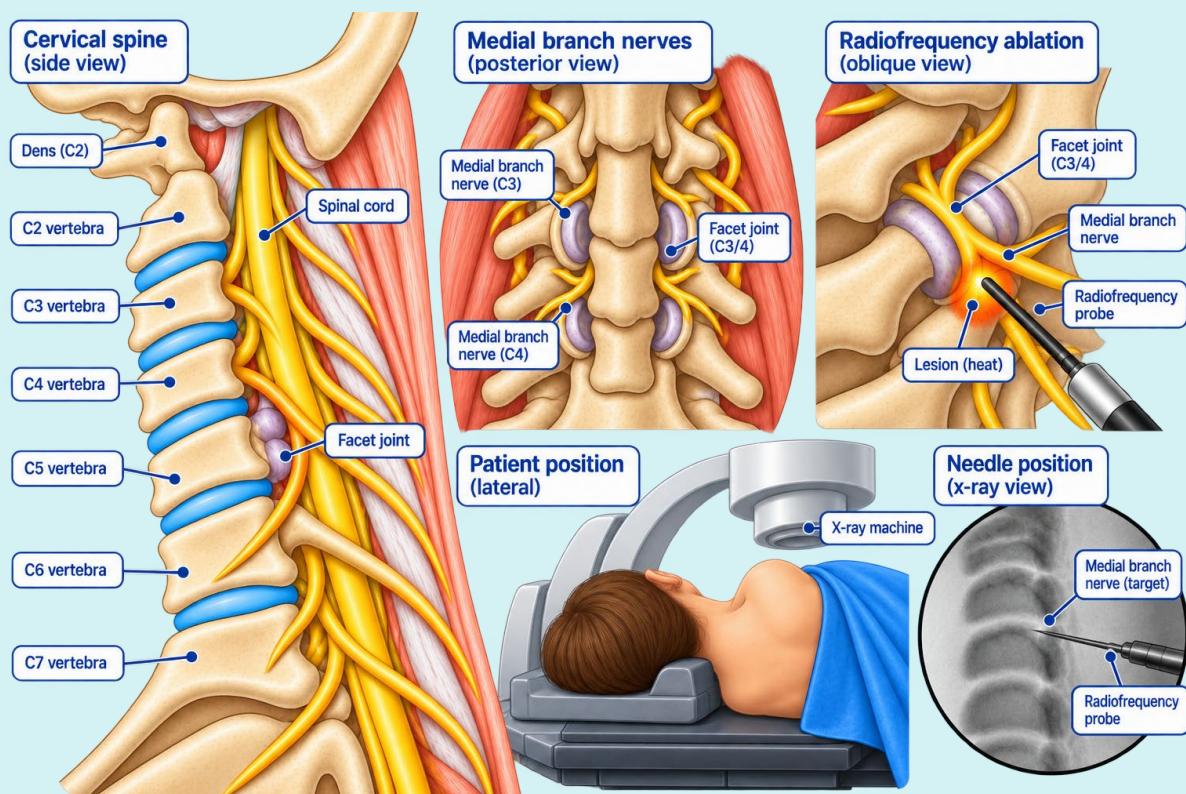
Cervical radiofrequency ablation (A5763)

Your spine is made up of vertebral bones with intervertebral discs in between. There are facet joints between these bones at each level of your spine. These facet joints allow the spine to twist and bend. The joints can become worn and inflamed causing neck pain, muscle stiffness and headaches.

The medial branch nerves carry the messages of pain from these facet joints.

What is radiofrequency ablation?

This is where a small probe is carefully placed next to the medial branch nerves. The tip heats up to destroy the medial branch nerve. This stops it from sending pain signals to your brain.



Medicines

If you take any anticoagulant medications that 'thin the blood' you will be asked to stop these prior to your procedure. The length of time is different for different medications so please discuss this with Mr Bateman in advance. You can restart your usual medication the day after the procedure.

What happens during the procedure?

On the day of your procedure, you will see Mr Bateman to confirm you wish to proceed. He may ask you to confirm your symptoms again.

You will be asked to change into a hospital gown. You may have to wait a while on the ward for your turn to have the procedure.

When everyone is ready you will be escorted to the operating theatre by a nurse and asked to lie on your back on a special table. Mr Bateman will confirm your details with you before starting.

X-rays are used to show up the bones and joints of the spine.

The skin will be cleaned with an antiseptic solution. A thin needle is then directed down next to the medial branch nerve and local anaesthetic is injected. This is repeated at each level being treated. A larger needle and electrode is then inserted at each of the levels being treated. The electrodes are tested to check they are not near any nerves that supply your muscles. Once Mr Bateman has confirmed that they are in the correct position then a machine heats the tip of the probes to 80 degrees for 90 seconds. The needles and electrodes are then removed.

The whole procedure takes about 30 minutes. You will then be taken back to the ward on a bed.

You will need someone to collect you from the hospital after the procedure as you may not be safe to drive until the following day.

What happens afterwards?

Mr Bateman will see you in the clinic about 4 to 6 weeks after the procedure to discuss your progress.

Your back may feel a bit sore for a few days after the procedure but this should settle by the end of the first week.

You can return to your usual activities as soon as you are able.

What are the risks?

There may be some soreness or pain at the procedure site for a few days afterwards.

There is a very low risk of infection at the injection site – less than 1 in 5000. If any redness, heat, swelling or discomfort around the injection site persists after 24 hours please telephone the hospital and speak with one of our nurses.

There is a very small risk of bleeding that could cause pressure on the spinal nerves (<1 in 10,000).

There is an extremely small risk of injury to a nerve that may cause numbness or weakness (less than 1 in 30,000).

Alternatives

Managing your symptoms in other ways is an option:

This can take the form of medications, including pain relievers.

Physiotherapy may be beneficial in teaching core strengthening exercises and enabling you to self-manage your problem in the longer term.

Pain management specialists can provide additional assistance with managing your symptoms.

Will it work?

There is a 60–70% chance that you will get meaningful relief of your pain. There is a possibility that your pain may start to return around 2 years following this procedure. This is because the nerves to the facet joints can sometimes regrow.