

Information leaflet

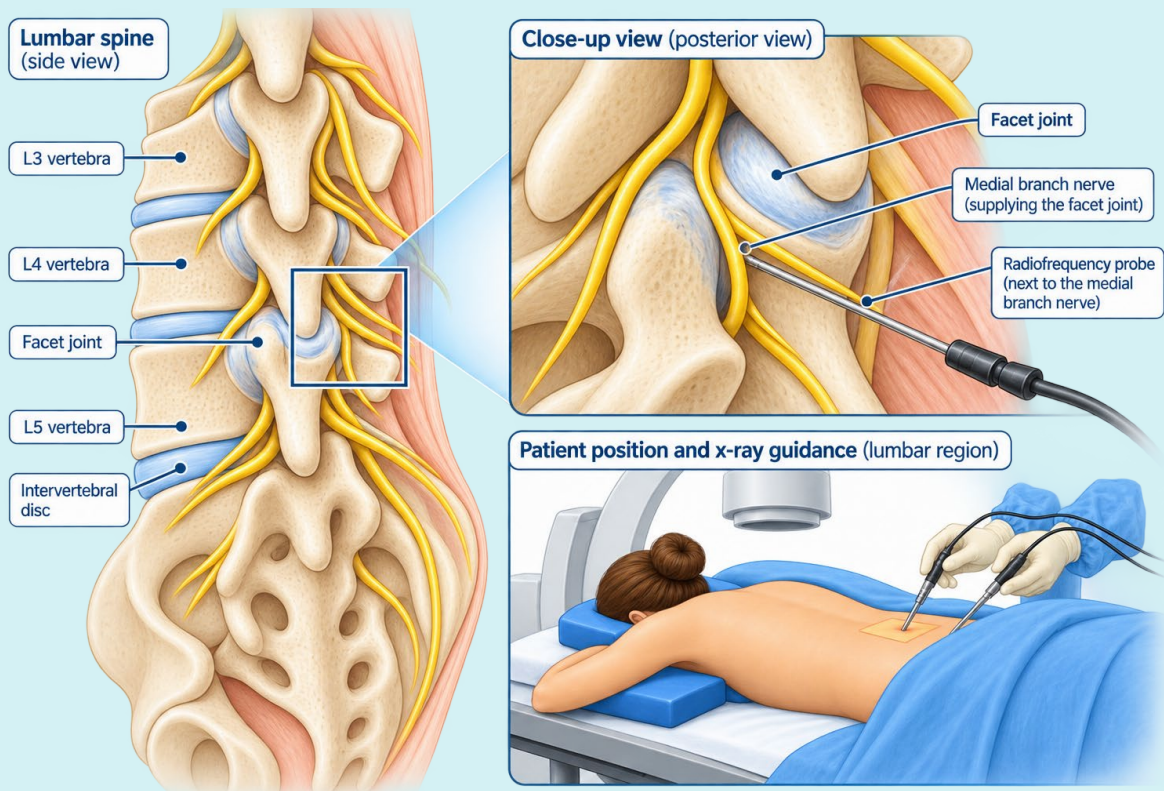
Lumbar radiofrequency ablation (A5765)

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 back pain and muscle stiffness.

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 also be seen by the anaesthetist to discuss your sedation. 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 front with a pillow to support your chest and hips. Mr Bateman and his team will confirm your details with you before starting.

The anaesthetist will insert a small needle in the back of your hand to give you the sedating medications. You will be given an oxygen mask to wear during the procedure. X-rays are used to show up the bones and joints of the spine.

A needle is then directed down next to the medial branch nerve and a small amount of local anaesthetic is injected. This is repeated at each level being treated. An electrode is passed down each of the needles. 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 probes to 80 degrees for 90 seconds. The needles and electrodes are then removed.

The whole procedure takes about 30 to 40 minutes. You will be taken to recovery initially and then back to the ward on a bed.

What happens afterwards?

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

You can continue with normal activities as you feel able. There may be some soreness for the first few days. Mr Bateman will see you in the clinic about 4 weeks after the procedure.

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 to one of our nurses.

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

There is an extremely small risk of injuring a spinal nerve and causing 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 small 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.