



CERVICAL/THORACIC MEDIAL BRANCH RADIOFREQUENCY NEUROTOMY *(RF Neurotomy)*

*Understand your condition.
Know your next steps.*

Introduction

Your specialist has determined that your neck pain, headache, or upper/back pain may be caused by your facet joints. Medial branch radiofrequency neurotomy (RF neurotomy) is recommended to try to decrease that pain longer term.

The medial branch nerves that supply the facet joints carry pain signals to the spinal cord where the signals then travel to the brain. The brain interprets the signal, and you feel pain.

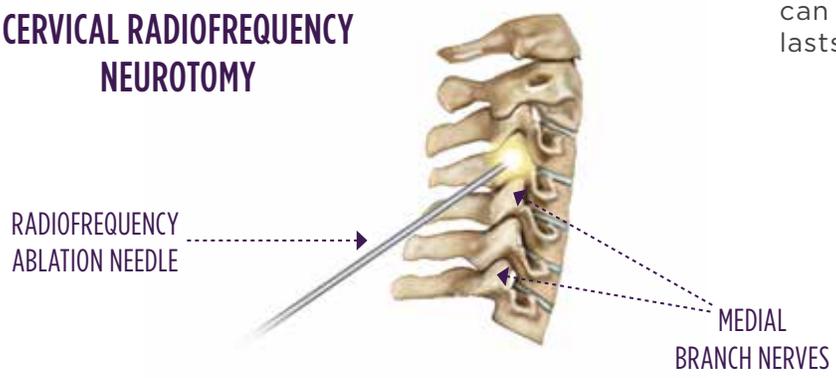
The purpose of RF neurotomy

RF neurotomy is designed to block the medial branch nerves from sending pain signals.

The radiofrequency procedure uses a specialized generator to make a very small and controlled heat lesion by the medial branch nerve. If the nerve is sufficiently heated for a certain length of time, it will then become incapable of transmitting pain signals.

This procedure may decrease pain from the facet joints on a long-term basis. The amount and duration of pain relief varies for each individual. The pain relief can be as short as 6 months or can last several years, but typically the relief lasts for 10 to 16 months.

CERVICAL RADIOFREQUENCY NEUROTOMY



CERVICAL/THORACIC MEDIAL BRANCH RADIOFREQUENCY NEUROTOMY

How should I prepare?

- » While the procedure usually takes less than 30 minutes, you will need to allow for at least 1 to 2 hours at the surgery center.
- » You need to arrange for a driver to be present and take you to and from the medical facility. If you do not have a driver with you, your procedure may have to be rescheduled.
- » *Please inform your doctor's patient care coordinator if you have a pacemaker.*
- » If you develop a fever, night sweats, or an active infection, your procedure will need to be rescheduled. Please contact our office at (651) 968-5201 immediately to inform us of your change in condition.

The procedure

Prior to the procedure, a peripheral IV is placed and is utilized for mild sedation over the course of the procedure. In the prone (lying face down) position, with two pillows under the chest and a small pillow under the forehead, the region of the neck or upper back is sterilely prepared and draped.

Using X-ray guidance, the skin is anesthetized and radiofrequency cannulas (needles) are advanced under X-ray guidance to very specific locations where the medial branch nerves lie. A small amount of numbing medication is then injected so that the actual cauterization of the medial branch nerves is more comfortable. The medial branch nerves are then lesioned at a specific temperature (80° C) usually for 60 seconds. Often times additional lesions are carried out in order to fully encompass the location of the medial branch nerve. A small amount of steroid solution and anesthetic is sometimes injected to reduce inflammation after the procedure. The patient is cared for in the recovery area for at least 30 minutes before being discharged home.

IF YOUR PROCEDURE INCLUDES SEDATION

- » You should have no solid foods for 6 hours before your procedure.
- » You may have clear liquids up to 2 hours before your procedure. Examples include: water, broth, clear fruit juices such as apple, cranberry, and grape juice. These juices should not include pulp. Tea, black coffee with *no cream*, and carbonated beverages are also allowed.
- » Nothing by mouth, including throat lozenges, mints, and all hard candy.
- » No gum for 2 hours before your procedure.
- » You must have a responsible adult arrive with you to our facility. If you use a taxi or volunteer ride service, you still must have a responsible adult with you in order to help take care of you after your sedation procedure.
- » Please take your regular medications the day of your procedure, especially any **heart or blood pressure medications**.
- » If you are on medication for **diabetes**, be sure to take it the day of the procedure.

For expert advice on how to stay healthy and active, visit summitortho.com.

APPOINTMENTS (651) 968-5201

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After the injection

Follow the specific instructions given to you by the nurses at the surgery center.

- » Plan to be quiet for 1 to 2 days after the procedure. You may resume activity as tolerated by your level of comfort.
- » Keep the skin puncture sites clean and dry. Remove any bandages the next day and keep the skin open to air.
- » For discomfort, apply ice packs to the area for 15 minutes several times a day.
- » Do not soak in a tub for 24 hours after the procedure. Thereafter, you may soak in a warm tub or under a warm shower 2 to 3 times per day for comfort. After each soak, pat the overlying skin dry with a clean towel.
- » Observe for any signs of infection, including redness and warmth at the injection site, increasing pain, swelling, drainage, chills, night sweats, or fever that reaches above 100° F. Report any signs of infection or other unusual symptoms.

You may experience an increase in pain for up to 2 weeks after the procedure. This discomfort should gradually disappear as you heal. After the procedure soreness is gone and you begin to resume normal activity, you will be able to evaluate any improvement in your pain. Your pain relief benefits from RF neurotomy may be not fully known until 4 weeks after the procedure.

CAUTION

Driving while sedated is illegal and can result in serious accidents. Please be sure to use your driver to get you home safely! If using medical transportation or a taxi, another responsible party must accompany you.

Possible risks of RF neurotomy

The risks are quite minimal, but are similar to any procedure involving a needle placement. These include, but are not limited to:

- » *Allergic reaction. Be sure to inform us before the injection if you have any known allergies.*
- » Infection.
- » Irritation of the injected structure, which could cause temporary worsening pain.