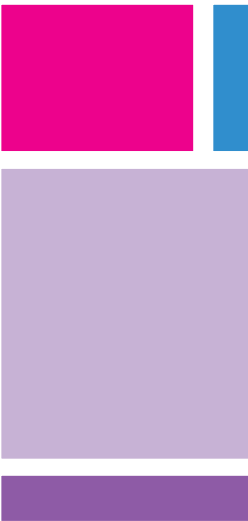


Radio Frequency Nerve Ablation

**Pain Management Service
Patient Information Leaflet**



What is Radio Frequency Facet Joint Nerve Ablation?

Radio frequency facet joint ablation involves the long-term block of small nerves at the facet joints of the vertebrae. The facet joints are small weight-bearing joints located in pairs on the back; from the neck to the lower back. The radio frequency current is an electrical current which is applied to the nerves and generates sufficient heat to either destroy or de-activate the nerve. These nerves are very small nerves and carry only pain sensations.

Why is the procedure performed?

Your pain may be coming from the facet joints. The procedure will help to block the nerves supplying these joints and reduce the pain. It is performed most commonly for back and leg pains but can also be used for inflammation and pain of the other nerves. The injection helps to reduce pain, improve mobility, facilitate physiotherapy and thus improve your general functioning. By achieving a reduction in pain we hope that you will take the opportunity to regularly perform back strengthening exercises which is the best way to improve the function of your back over the longer term.

How is the procedure performed?

You will be asked to come to the hospital. A cannula (plastic tube) is placed in the back of the hand to administer medication if required. The injection will be done with you lying on your front. With the help of an X-ray machine, the correct site is marked on the skin and local anaesthetic (medication that numbs the nerves) is given to numb the skin. You will remain awake during the procedure. The X-ray machine is used to ensure correct placement of the radio frequency needle. In addition the nerves are electronically stimulated with the needle to confirm correct placement. The doctor will check with you several times to find out the nature of any sensation you may be experiencing as the nerves are stimulated. After the correct nerves are identified, local anaesthetic is given to numb the nerves before they are de-activated. De-activation of the nerves may be combined with facet joint injections with the local anaesthetic and steroids (anti-inflammatory medication).

What are the beneficial effects?

The effectiveness of the block is difficult to predict. The radio frequency nerve ablation facet joint injections are helpful in some people with chronic back pain due to facet joint pain. The pain relief may take days or weeks to take effect and may not be 100% effective. Some patients may not get any relief at all. In some groups of patients the injection helps by reducing the number of painkillers that are required to control the pain.

What are the side effects?

Typically there is some injection site pain and bruising after the procedure and you may initially experience some increase in your pain. It is usually temporary and easily controllable with painkillers. Some patients may complain of slight numbness of the skin overlying the injection site. This is also temporary. Very rarely, you may experience some numbness or weakness in a lower limb.

Potential side effects with the use of steroids.

There are very few side effects associated with single or occasional use of steroid injections. Hot flushes, feeling sick or having mild abdominal pain are sometimes felt. Control of diabetes may be difficult and menstrual irregularities may occur. These settle in a few days.

Repeated and frequent use has the potential to lead to more serious side effects but it must be kept in mind that the dose that is used in the injection is very small compared to those taking steroids by mouth on a daily basis for conditions such as asthma or arthritis. Regular use can lead to increase in appetite, weight gain, thinning of the bones (osteoporosis), thinning of the skin, eye problems (e.g. glaucoma, cataract), weakness, depression, rounded face, high blood pressure and water retention. Oral contraceptive pills may increase the level of steroid in the blood.

Advice / Precaution

You will be required to stay in hospital for at least 2-3 hours after the procedure. If there is excessive or persisting numbness, you may be required to stay in hospital overnight.

A follow-up appointment will be arranged so that the doctor or nurse can review the effects of the block. You should carry on with your normal activities, try to increase your activity and aim to reduce your painkillers if the effect of the injection appears to have been successful.

It is very important that you inform the Pain Clinic at least one week before the injections if;

- you are allergic to any medications.
- you are taking blood thinning drugs such as Warfarin, Clopidogrel, Aspirin, Nicoumalone, Ticlopidine, or Heparin.
- you have an infection near the injection site.
- you have had recent steroid/cortisone injection in the hospital or GP surgery.
- you think you may be pregnant.
- you are a Diabetic on Insulin. If so, your blood sugar may be more difficult to control for a few days with a tendency for hyperglycaemia (high blood sugar).
- you have had a recent heart attack.
- you have recently had a vaccination.

Please inform of us of any of the above:

Pain Management Service on 01253 655303

Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call: **01253 655588**

Patient Relations Department

For information or advice please contact the Patient Relations Department via the following:

Tel: **01253 655588**

email: **patient.relations@bfwh.nhs.uk**

You can also write to us at:

Patient Relations Department, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool FY3 8NR

Further information is available on our website:

www.bfwh.nhs.uk

Travelling to our sites

For the best way to plan your journey to any of the local sites visit our travel website:

www.bfwhospitals.nhs.uk/departments/travel/

Useful contact details

Main Switchboard: **01253 300000**

Pain Management Service

tel: 01253 655301 / 655303

References

This leaflet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this leaflet are available on request from:

Policy Co-ordinator/Archivist
01253 303397



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