

MEDIAL BRANCH BLOCKS

Procedure Steps For a Radiofrequency Ablation

Medial Branch Block #1-

This is a diagnostic test to see if your pain is coming from the joints. It will consist of 3-4 injections (pinches) where the area is monitored under Xray while the provider locates the joints and injects a numbing medication. After, we ask that you do things that typically aggravate your pain without overdoing it.

Follow-up appointment

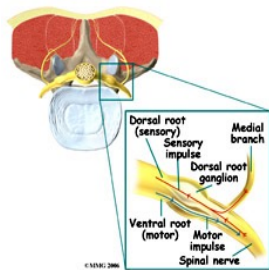
At this appointment we will discuss your response to the Medial Branch Block. We will schedule your second MBB, if you had a positive response with the first MBB. Make sure you bring your pain log you received in recovery at the time of your medial branch block.

Second Medial Branch Block

This is a second diagnostic test to confirm that your pain is coming from those same joints.

Follow-up Appointment

At this appointment we will discuss your response to the second MBB, if you have had a positive response with both Medial Branch Blocks then we will schedule you for a Radiofrequency Ablation. Once again please bring that pain log.



Northwest Spine and Pain Medicine

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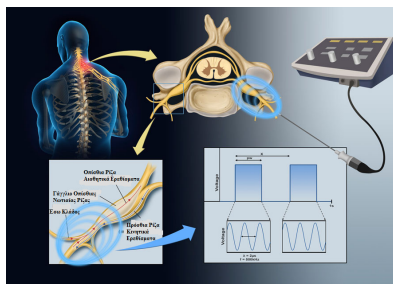
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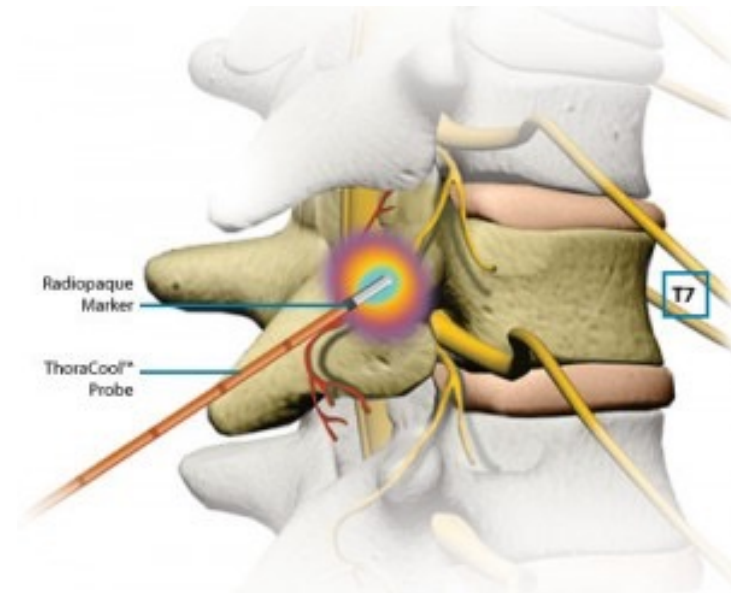
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Radiofrequency Ablation

Radiofrequency ablation is a procedure using radio waves or electric current to generate sufficient heat to interrupt nerve conduction on a semi-permanent basis which blocks the pain receptors to your brain and decreases the pain sensation to the area. The nerves are usually blocked for 6-9 months, although it may last as short as 3 months or as long as 18 months or longer. This procedure is a 3 step process which requires 2 Medial Branch blocks first.



What are the benefits of Radiofrequency Ablation?

Radiofrequency ablation disrupts nerve conduction, specifically interrupting the conduction of pain signals. In turn, this may reduce pain, and other related symptoms. Approximately 70 percent of patients will get a good block of the intended nerve. This should help relieve that part of the pain that the blocked nerve controls. Sometimes after a nerve is blocked, it becomes clear that there is pain from the other areas as well.

How is Radiofrequency Ablation actually performed?

Radiofrequency ablation is done with the patient lying on the stomach. We attempt to make you as comfortable as possible. The procedure is done under sterile conditions. The skin on the back is cleaned with antiseptic solution and then the procedure is carried out. The skin is numbed with a local anesthetic which may sting and burn, same for Medial branch blocks. Then X-ray or fluoroscopy is used to guide placement of the introducer needles. Since nerves cannot actually be seen on x-ray, the introducer needles are positioned using bony landmarks that indicate where the nerves usually are located. Thus, the X-ray is used to identify those bony landmarks, same during the Medial branch blocks. Once the introducer needle is in a good position by X-ray, a special electrically active needle tip is inserted. With this special needle tip in good position, electrical stimulation is done before any actual radiofrequency ablation. This electrical stimulation may produce a buzzing or tingling sensation or may feel like a deep ache or pain similar to the normal pain that you feel. Then a different type of electrical stimulation is used to make sure that no motor nerves are close by. When this type of stimulation occurs, you may feel some twitching or throbbing, but the physician is watching to make sure that no big muscle groups are being stimulated. You need to be awake enough during these parts of the procedure that you can report what you are feeling. If everything checks out okay, the tissue around the needle tip is numbed with local anesthetic. Then the tissues surrounding the special electrically active needle tip are then heated when electric current is passed through it. This effectively numbs or stuns the nerves semi-permanently. Once done, the needles are removed and a Band-Aid is applied.

Will I be "put out" for a Radiofrequency Ablation?

No. This procedure is done under local anesthesia. All of the patients also receive intravenous sedation, which makes the procedure easier to tolerate. IV sedation includes Versed and Fentanyl for pain. It is by law that you bring a driver that stays in the office throughout the entire procedure.

Sedation for Medial Branch blocks:

We do offer sedation for Medial branch blocks which will also require an IV insertion by the RN. You will receive Versed. This medication does not make you fall asleep or relieve pain, it will take the edge off for anxiety only. If you receive sedation it is by law that you bring a driver that stays in the office throughout the entire procedure.

What should I expect after the Radiofrequency Ablation?

Initially there will be muscle soreness for up to a week afterward. Ice packs will usually control this discomfort. After that first several days, your pain may be gone or quite less.

What should I do after the Radiofrequency Ablation?

You should have a ride home. We advise the patients to take it easy for the day, then activity as tolerated the following day. You will be encouraged to apply ice to the affected area and take medications as prescribed.

Can I go to work to work the next day?

You should be able to return to work the next day. For some patients, soreness at the injection site or sites may cause you to be off work for several days.

How long will the effects of the Radiofrequency Ablation last?

If successful, the effects of the Radiofrequency Ablation can last from 3-18 months, with a typical range of 6-9 months.

What are the risks and side effects of Radiofrequency Ablation?

Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects and the possibility of complications. The risks and complications are dependent upon the sites that are ablated. Since the introducer needles have to go through skin and soft tissues, there will usually be some soreness and occasionally bruising. The nerves to be ablated may be near blood vessels or other nerves that can be potentially damaged. Electricity is also used during the procedure raising the possibility of an electrical burn. Great care is taken when placing the radiofrequency needles and using the electrical current, but sometimes complications occur. Fortunately, serious complications or side effects are uncommon.

Who should not have a Radiofrequency Ablation?

Patients on a blood thinning medication, patients with an active infection going on, or patients with poorly controlled diabetes or heart disease should not have the procedure or at least consider postponing it if postponing would improve your overall medical condition. Also, patients who have not responded to Medial Branch blocks would be unlikely to benefit from Radiofrequency Ablation.

What do I do to prepare for this procedure?

Five days before the procedure stop taking any NSAIDs or blood thinners. (Example, Aspirin, Ibuprofen, Aleve, Toradol, Naproxen, Diclofenac, Meloxicam) If blood thinners are taken for cardiac reasons such as Coumadin or Warfarin then please check with your prescriber to bridge off of the medication to achieve a goal of an INR draw of <1.5 the day of procedure. We ask that that you have no food or drink up to 2 hours before the procedure. If you have an active infection or are on antibiotics then please call and ask to discuss this information with the nurse.