



Lumbar and Thoracic Radiofrequency Ablation – Frequently Asked Questions

1. **What is a radiofrequency ablation?**

A radiofrequency ablation is a procedure that takes place after two diagnostic medial branch blocks (see our separate handout on this). This procedure ablates (or burns) medial branches, which are pain sensing nerves that send pain signals from joints in the spine (called “facet joints”) to your brain. A fluoroscopy (x-ray) machine is used to help guide the needle to the correct place after which a probe is inserted through the needle. The probe then heats up to 80 degrees Celsius for a duration of 90 seconds. Generally speaking, the procedure involves anywhere from two to four needles on each side.

2. **Why are radiofrequency ablations done?**

Radiofrequency ablations are done to decrease pain associated with the facet joints in the spine. This pain is usually due to arthritis but can also be due to injuries such as whiplash.

3. **How long does the pain relief last?**

This can vary from patient to patient. If successful, this procedure typically lasts between nine and eighteen months. Six months is approximately the minimum time needed for the nerves to re-grow. In some patients the pain relief can be much longer or even permanent. If the pain recurs, the radiofrequency ablation can be repeated (no earlier than six months). When radiofrequency ablation is repeated, it is not necessary to repeat medial branch blocks.

4. **Are radiofrequency ablations painful?**

Everyone will feel a “pinch and burn” when the local numbing medicine is injected. Beyond that, it is normal to feel pressure as the needle travels to the target. There can be mild discomfort while the needle travels to its target.

5. **Can I get sedation for this procedure?**

Some patients get conscious sedation for this procedure which is a small amount of Versed. Sometimes patients will require an additional small amount of Fentanyl (pain medicine).

6. **What are the risks of radiofrequency ablations?**

Risks include but are not limited to bleeding, infection, nerve damage, paralysis, reaction to the medications used, and a temporary numb patch in the area of the radiofrequency ablation. Serious reactions are exceptionally rare.

7. **When can I have a radiofrequency ablation? Why can't I have it today?**

Radiofrequency ablations are highly specialized procedures that require the use of a fluoroscopy (x-ray) machine, a physician trained to do these procedures, an x-ray technician, and a nurse. In many cases they require insurance authorization as well. Before a radiofrequency ablation, you also cannot eat anything for six hours or drink anything for two hours. Finally as stated above, two prior medial branch blocks need to be successfully completed. Because of these reasons, radiofrequency ablations are scheduled on certain days of the week. Prior to any procedure, a clinic visit is typically done to review imaging, discuss the procedure in depth, review risks and benefits, and give the patient a chance to ask any questions. This helps the procedure run smoothly.

8. Why do I need to not eat or drink anything before the procedure?

Because of the position you will be in (prone or on the stomach), there is a small risk of aspiration. This occurs when the contents of the stomach go up the esophagus and then back down the windpipe. This risk is higher if sedation is given prior to the procedure.

9. Why do I need a driver?

Radiofrequency ablations use lidocaine which can temporarily cause the leg to feel numb. This, coupled with IV sedation (when used), makes it dangerous to drive after the procedure. We recommend asking a friend or family member to drive you and do not allow taxis, because the driver will not be able to help you get into your home if needed. If you arrive without a driver, you may be asked to reschedule.

10. How long will it take to do the radiofrequency ablation?

You will be in our office for about 1- 1.5 hours. This includes checking in, reviewing risks and signing a consent form, placing an IV (if using sedation), performing the procedure, and recovering.

11. What should I do after the radiofrequency ablation?

It is important to take it easy the day of the radiofrequency ablation. Due to the sedation, many patients go home and take a nap. It is OK to travel the day of the radiofrequency ablation including plane travel (however avoid driving until the next day). Avoid soaking or submerging the injection area for 48 hours – this includes baths, hot tubs, or pools. Regular showers are OK. The band-aid placed at the injection site may be removed the same day of the procedure.

12. What should I expect after the radiofrequency ablation?

Response immediately after the procedure is variable. 10-20% of patient will experience increased pain which usually resolves within two weeks. It can take up to six weeks to achieve pain relief which is the time needed for the nerve to fully degenerate after the ablation. Ice, TENS unit, and over-the-counter pain relievers may be used for any increased pain after the procedure.

13. Under what circumstances should I call your office?

Call our office immediately if you experience a severe headache, severe pain in the arm or leg, redness or drainage at the site of the injection, fevers, chills, or weakness that is worse from the time after you leave the clinic. These symptoms are very rare. If you feel you require immediate medical care, call 911.

14. Why do I need to arrive 30 minutes prior to my scheduled procedure?

Radiofrequency ablations involve a thorough check-in procedure which includes verifying the exact procedure and reviewing the risks and benefits of the injection. Therefore to help ensure our procedures run as smoothly as possible, we ask patients to arrive 30 minutes prior to their scheduled radiofrequency ablation. If you arrive late, you may be asked to reschedule. Please let us know at least 24 hours in advance if you need to reschedule or cancel your procedure. A “no-show” may result in a \$100 fee.