

Radiofrequency Lesioning (RFTC)

Patient Information Sheet

1. What is Radiofrequency Lesioning (RFTC)?

Radiofrequency Lesioning is a procedure that sends radio waves (heat) through a needle to damage small sensory nerve endings and interrupt pain signals.

Radiofrequency lesioning requires the placement of probes percutaneously (through the skin) with the use of fluoroscopy (x-ray), sensory and motor stimulation to assure proper placement. Once the proper stimulation occurs and the probe is placed near the nerve the probe is heated to 90 degrees C for 60 to 90 seconds.

Radiofrequency lesioning is performed only after pain relief is obtained after a diagnostic block (medial branch block). RFTC is performed if prolonged relief is not obtained with these blocks. RFTC will not provide a permanent cure as the nerve ending will regenerate usually within 12 months. The time of relief provided by RFTC varies widely and may have to be repeated in order to provide optimal relief of pain complaints.

Note: The procedure can not be performed if you have an active infection, flu, cold, fever, very high blood pressure, or if you are on blood thinners. Please make your doctor aware of any of these conditions. *This is for your safety!*

2. What are the risks of the procedure?

As with most procedures there is a remote risk of bleeding, infection, nerve injury, or allergic reaction to the medications used.

Some short-term side effects may occur. If local anesthetic spreads to nearby nerves you may have weakness or numbness that can last for several hours. If this happens you may have to stay at the Murphy Pain Center until this resolves. You may have increased pain for a few days after the injection, including localized pain at the injection site.

Note: The procedure cannot be performed if you have an implantable device such as a pacemaker without additional preparation, please make your doctor aware of any such conditions.

3. Will the injection hurt a lot?

Most people say the stinging/burning of the numbing medicine is the most uncomfortable part of the procedure though every person's response to any procedure is different.

4. What happens during the actual procedure?

After signing a consent form and checking your blood pressure the procedure will be done in the fluoroscopy (x-ray) room with you lying on the stomach. An intravenous line will be started and you will be given some sedation. You will not be asleep because it will be important for you to communicate with the doctor about the sensations you are feeling. The back is then cleansed with an antiseptic soap and the area is draped. Using x-ray guidance, needles are then advanced to the appropriate locations (the medial branch). Once the needles are in the proper location local anesthetic is injected through the needles, then a special needle tip (electrode) is inserted, using electrical stimulation, the doctor will

verify the correct nerve. You will feel a tingling sensation similar to hitting your “funny bone.” The tissues surrounding the needle tip, including the medial branch nerves, are heated to 90 degrees C for 60 to 90 seconds and then removed. This will numb the nerves. Your skin will be cleansed and bandages will be applied. (The bandages can be removed when you get home). Your vital signs will be checked. You will be escorted to the recovery area where you will be offered something to eat and drink. You will be monitored in the recovery area for 15 minutes. Your pain level will be re-assessed prior to you leaving. You will then be discharged to leave with your ride.

Should your procedure be performed in the hospital, your recovery and discharge will be per hospital protocol.

5. How will I feel after the injection?

Your back pain may be improved immediately after the injection from the local anesthetic. It is important to keep track of how you feel for the remainder of the day. The full effect of the procedure may not be noted for up to three weeks.

Some local tenderness may be experienced for a couple of days after the injection. You will be given instructions on the use of ice and heat at your discharge to help minimize this discomfort. You may take your usual pain medications as well after the injection.

It is important that you keep track of the amount of pain relief you received as well as how long the pain relief lasted.

6. Will I have any restrictions on the day of the procedure?

Do not eat or drink for 6 hours prior to the procedure. You may take your medications for blood pressure or heart with a sip of water. You may also take your pain medication with a sip of water if you are able to tolerate it on an empty stomach. **If you are DIABETIC or take BLOOD THINNERS, you will need to contact the office prior to your procedure** for instructions, unless you received instructions when you scheduled the appointment. Be aware that some types of blood thinners must be stopped several days prior to your injection which will require the approval of your prescribing physician.

You may not drive for the remainder of the day after your procedure. An adult must be present to drive you home or to go with you in a taxi or on public transportation. **The procedure will be canceled if you don't have a responsible adult with you!!! This is for your safety.**

No heat is to be used in the injected area for the remainder of the day.

No tub bath or soaking in water (i.e. pool, jacuzzi, etc.) for the remainder of the day.

You may return to eating and drinking as usual after your procedure.

7. For what reasons should I call the Murphy Pain Center after the injection?

If you experience severe back pain, new numbness or weakness of your legs, loss of control of your bowels or bladder, or signs of infection in the area of the injection, you should call the Murphy Pain Center right away at 502-736-3636.