

RADIOFREQUENCY NEUROTOMY

The purpose of a radiofrequency neurotomy or rhizotomy is to reduce pain from the zygapophyseal (facet) or sacroiliac joints. The facet joints are small joints located in pairs between each bone of the spine. The sacroiliac joints located between the sacrum and iliac bones in the buttock region. This procedure may follow successful diagnostic blocks of the nerves from the facet or sacroiliac joint and involves using heat to destroy these nerves. To ensure proper placement of the treatment probe, the procedure is performed under fluoroscopic imaging, a low dose type x-ray.

These procedures are performed in the surgery center. The patient will be asked to change into a hospital gown. An IV will be started for medications and safety. A brief pre-procedure history and physical examination are performed. All patient medications taken at home will be reviewed to ensure there are no contraindications to the procedure and that the patient has complied with pre-procedure instructions. The patient will be required to have a complete list of all medication normally taken at home. The patient is then transported to the procedure room and positioned on an x-ray table. The skin will then be cleaned with a sterile soap and draped in a sterile fashion. The skin over the injection target site is then anesthetized with a local anesthetic. Fluoroscopy is then used to guide a needle into the proper location. Once the procedure is completed, the patient returns to the recovery area for approximately 30 minutes to rest.

The entire process for check-in, preparation, recovery and check-out will take approximately 2 hours. The procedure itself generally lasts for only 30 to 60 minutes, but the rest of the time is necessary to ensure a safe, efficacious procedure. During the injection, pain is sometimes increased temporarily. Occasionally, patients may experience some temporary increase in pain for several days. In some cases, maximum pain relief may take 4-6 weeks following the procedure.

Every medical procedure, no matter how minor, contains some risks. Anytime, a needle is placed into the body there is a risk of tissue injury, infection and bleeding. If this occurs near the spine, it can result in nerve damage. Although extremely rare, nerve damage and death have occurred following spine injections. Injections near the spine also risk puncturing the dura and can result in headaches, which can easily be treated. More common risks include a temporary increase in pain, local tenderness after the injection, allergic reactions to the medications and side effects from the steroids.