

Radio Frequency Lesioning FAQ's

The following Frequently Asked Questions and the answers are for the Radio Frequency Lesioning. It is one of the common procedures performed in this pain clinic. **The following material is given as general information only, and is not to be considered as medical advice or consultation.** The information was prepared by the TPM staff.

What is a Radio Frequency Lesioning?

Radio Frequency Lesioning is a procedure using a specialized machine to interrupt nerve conduction on a semi-permanent basis. The nerves are usually blocked for 6-9 months (can be as short as 3 months or as long at 18 months).

Am I a candidate for Radio Frequency Lesioning?

Currently at TPM, Radio Frequency Lesioning is offered to patients with:

- RSD/CRPS/SMP involving upper or lower extremities
- Mechanical neck or low back pain due to facet joint disease
- Occipital neuralgia
- Abdominal (visceral) pain responsive to splanchnic nerve blocks.

You must have responded well to local anesthetic blocks, to be a candidate for Radio Frequency Lesioning.

What are the benefits of Radio Frequency Lesioning?

The procedure disrupts nerve conduction (such as conduction of pain signals), and it may in turn reduce pain, and other related symptoms.

Approximately 70-80% of patients will get 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 long does the procedure take?

Depending upon the areas to be treated, the procedure can take from twenty minutes to two hours.

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Where is the procedure performed?

The procedure is usually performed in an operating room, sometimes in a fluoroscopy (x-ray) room.

How is it actually performed?

Since nerves cannot be seen on x-ray, the needles are positioned using bony landmarks that indicate where the nerves usually are. Fluoroscopy (x-ray) is used to identify those bony landmarks. A local anesthetic (like Novocaine) is injected to confirm proper placement. After confirmation of the needle tip position, a special needle tip is inserted.

When the needle is in good position, as confirmed by x-ray, electrical stimulation is done before any lesioning. This stimulation may produce a buzzing or tingling sensation or may be like hitting your "funny bone". You may also feel your muscles jump. You need to be awake during this part of the procedure so you can report what you're feeling. The tissues surrounding the needle tip are then heated when electronic current is passed using the Radio Frequency machine, for a few seconds. This "numbs" the nerves semi-permanently.

Will the procedure hurt?

Nerves are protected by layers of muscle and soft tissues. The procedure involves inserting a needle through skin and those layers of muscle and soft tissues, so there is some discomfort involved. However, we numb the skin and deeper tissues with a local anesthetic using a very thin needle prior to inserting the needle.

Will I be "put out" for this procedure?

No. This procedure is done under local anesthesia. Most of the patients also receive intravenous sedation and analgesia, which makes the procedure easier to tolerate. The amount of sedation given generally depends upon the patient tolerance. It is necessary for you to be awake enough to communicate easily during the procedure.

How is the procedure performed?

It is done either with the patient lying on the stomach when working on the facet joints, low back for lumbar sympathetic nerves, and the back when lesioning the cervical (neck) area (e.g. Stellate Ganglion). The patients are monitored with EKG, blood pressure cuff, and blood oxygen-monitoring device. The skin on the back is

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cleaned with antiseptic solution and then the procedure is carried out. X-ray (fluoroscopy) is used to guide the needles.

What should I expect after the procedure?

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

What should I do after the procedure?

You should have a ride home. We advise patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you.

Can I go to work to work the next day?

You should be able to return to your work the next day. Sometimes soreness at the injection site causes you to be off work for a day or two.

How long will the effects of the procedure last?

If successful, the effects of the procedure can last from 3-18 months, usually 6-9 months.

How many procedures do I need to have?

If the first procedure does not relieve your symptoms completely, you *may* be recommended to have a repeat procedure after re-evaluation. Because these are not permanent procedures, they may need to be repeated when the numbness wears off (often 6-12 months).

Will the Radio Frequency Lesioning help me?

It is very difficult to predict if the procedure will indeed help you or not. Generally speaking, the patients who have responded to repeated local anesthetic blocks will have better results.

What are the risks and side effects?

Generally speaking, this procedure is safe. However, with any procedure there are risks, side effects, and the possibility of complications. The risks and complications

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are dependent upon the sites that are lesioned. Any time there is an injection through the skin, there is a risk of infection. This is why sterile conditions are used for these blocks. The needles have to go through skin and soft tissues, which will cause soreness. The nerves to be lesioned may be near blood vessels or other nerves which can be potentially damaged. Great care is taken when placing the radio frequency needles, but sometimes complications occur. Please discuss your specific concerns with your physician.

Who should not have Radio Frequency Lesioning?

If you are on a blood thinning medication (e.g. Coumadin[®], Plavix[®]), or if you have an active infection going on, you should not have the procedure. If you have not responded to local anesthetic blocks, you may not be a candidate for this procedure.

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