

# Information for patients and carers

Radio Frequency (RF)
Facet Joint Nerve Ablation

**Pain Management Services** 

## What is radio frequency (RF) facet joint nerve ablation?

Radio frequency facet joint nerve ablation involves the destruction of the small nerves that supply the 6 pairs of facet joints in the spine, from the neck to the lower back. The radio frequency current is an electric current, which is applied to the nerves and generates sufficient heat to destroy the nerve. These nerves are very small and carry only pain sensations.

#### Why is the procedure carried out?

Your pain may be coming from stress to the facet joints. The procedure may help by reducing the number of nerves carrying pain signals from these joints. It is performed most commonly for back/leg pains or neck pains. It can reduce pain, improve mobility, help with physiotherapy and thus improve your general functioning. By achieving a reduction in pain, we hope that you will take the opportunity to regularly perform back strengthening exercises which are the best way to improve the function of your back over the longer term.

#### How is the procedure done?

Before the radio frequency treatment is carried out, we need to be sure that your pain is coming from the facet joint(s). We perform a test or diagnostic injections called "medial branch blocks" with local anaesthetic. If the test injection gives good pain relief, **even if only for a few hours**, then the medial branch nerves must be carrying the pain signals.

Normally the test injections are performed before the radio frequency treatment but under some circumstances we will do the test injection

and the radio frequency all at once in the same visit. You will be asked to come to the theatre, where you will lie down on your front and needles will be guided onto the medial branch nerves using x-rays. Your skin is sterilised to reduce the risk of infection and injected with local anaesthetic to help to reduce any discomfort.

For the diagnostic (test) injection local anaesthetic is injected, and after a drink, you should be well enough to go home.

For the radio frequency treatment itself, a small electric current is used to make sure that the needle is close to the medial branch nerve and a safe distance from any important nerves. Then local anaesthetic is injected, and radio frequency is used to heat and destroy the medial branch nerve.

#### What are the beneficial effects?

The test injection may give pain relief for 6-48 hours. The radio frequency treatment can reduce pain for six months to two years, until the little nerves regrow.

#### What are the limitations?

For some people the procedure simply doesn't work. Rarely, people complain of worse pain after treatment. Most people find that their pain reduces but does not disappear altogether.

#### What are the side effects?

Typically, there is some pain at the site of injection after the procedure, and your original pain may feel worst for up to four weeks. You may experience some discomfort in the surrounding area. It is usually self-limiting and easily controllable with painkillers. Some patients might complain of numbness of the skin overlying the injection site. There may be some bruising and tenderness over the skin at the injection site. You

may feel as if the area of the procedure is that they are sunburnt for a week or more, but this not very common. If the site of injection becomes inflamed or shows any signs of infection, please seek medical attention; your GP or at an urgent care centre.

#### **Advice/Precautions**

- You will be required to stay in hospital for at least one hour after the procedure
- If there is excessive or persisting numbness, you may be required to stay in hospital overnight
- A follow up appointment will be arranged, so that the doctor/nurse can review the effects of the treatment
- You should continue with your normal activities, try to increase your exercises and aim to reduce your pain-relieving medication if the effect of the treatment appears to have been successful
- Please make sure that you have someone to collect you after the procedure. It is unsafe for you to drive home straight after the procedure. If you do so your motor insurance will be invalid (Faculty of Pain Medicine, 2022)
- If you have any concerns or queries, please contact the Pain Management Service

#### Please tell your doctor....

It is very important that you inform the Doctor or our secretarial team at the pain clinic, at least a week before the injection.

- If you are allergic to any medications
- If you are on blood thinning medication such as Warfarin, Nicoumalone (Sinthrome), Aspirin, Clopidogrel (Plavix), Ticlopidine (Ticlid), Dabigatran

- If you have an infection near the injection site
- If you have had a recent steroid/cortisone injection in the hospital or in your GP surgery
- If you think you might be pregnant
- If you are a diabetic on Insulin.
- If you have had a recent heart attack or have a pacemaker or any other implants.

#### Contact details

Should you require further advice or information please contact the Pain Management Service: **01772 522687** 

#### Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

www.lancsteachinghospitals.nhs.uk/veteran-aware

www.painconcern.org.uk

www.retrainpain.org

https://fpm.ac.uk/sites/fpm/files/documents/2023-

08/Rhizolysis%20Radio%20Frequency%20Lesioning.pdf

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#### www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638** 

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This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolvem@LTHTR.nhs.uk

**Department**: Pain Management

**Division**: Diagnostics and Clinical Support

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