

Rhizotomy

A Rhizotomy performed by physicians in this practice is limited to the facet joints. It may also be called facet ablation, facet neurotomy, facet denervation, facet rhizotomy or facet neurolysis. Radiofrequency energy is used to create a lesion on the nerve to temporarily interrupt or destroy nerves that carry pain signals from the facet joint(s). These nerves are called medial branches. Each joint receives input from a medial branch arising from two different levels.

Prior to planning a rhizotomy, you will have had facet joint injections/ medial branch blocks with local anesthetic and steroid. If you experienced significant short-term pain relief, you may be a candidate for a rhizotomy if your pain returns to typical levels.

About the Procedure:

When the procedure is scheduled, you will be given pre procedure instructions. These may include the need for IV Conscious Sedation. If you are to have IV Conscious Sedation, please read and follow the instructions for IV Conscious Sedation.

During the procedure, you will be placed on an X-ray table on your stomach. The physician will clean the area to be treated with an antiseptic solution and then numb the area with a local anesthetic. During the procedure, X-ray guidance will be used to place a small radiofrequency needle into the appropriate area. Motor and sensory stimulation tests are performed to ensure that the needle is placed near the medial branches, but not near unwanted nerves.

During the motor stimulation, you will feel a harmless thumping in the paraspinal muscles. If twitching occurs in an extremity, the needle will be repositioned. During sensory stimulation, you may feel a reproduction of a portion of your typical pain. If you experience pain that is different from your usual pain, or in an extremity, please tell the physician so that the needle can be repositioned.

Once the needle is properly positioned, the nerve will be numbed with a local anesthetic prior to the lesioning. You will be awake during the lesioning portion of the procedure so that you may alert the physician to the development of any extremity symptoms. You will likely feel little, if any, discomfort during this part of the procedure since the nerve has already been anesthetized.

After the Procedure:

After the physician has removed the needles, the area will be cleaned to remove the antiseptic solution and a dressing will be applied. You will be taken to the Recovery Area. You will be at the facility approximately one hour after the procedure. You will be discharged when your blood pressure and heart rate are stable and you are able to move at least as well as you did prior to the procedure. The deep local anesthetic that was injected prior to the lesioning may cause some temporary weakness or numbness in the extremity.

- ◆ You should rest the day of the procedure and resume your usual activities the following day.

- ◆ If you experience discomfort at the procedure site, you may apply ice: 20 minutes on/ 20 minutes off. After 24 hours, heat may be applied if you want. Do not use ice or heat continuously to any area.
- ◆ You may continue to take your usual medications including your pain medications.
- ◆ Please follow your usual diet.

A Rhizotomy is often not a permanent procedure. The small nerves may grow back over time, however, patients usually experience prolonged pain relief. If a similar pain returns, the procedure can be repeated.

Important Information:

As with any procedure there is the potential for problems. The risks with rhizotomies are minimal. Problems that could occur include:

- ◆ Bruising, swelling or inflammation at the procedure site
- ◆ Infection at the procedure site
- ◆ Numbness or weakness in the extremity
- ◆ Increase in pain
- ◆ Nerve damage

Not all patients will find relief of their pain with rhizotomies and relieved symptoms may return over time.