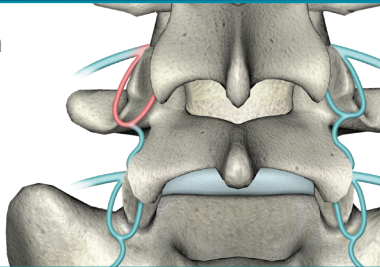
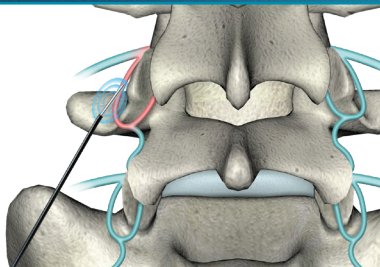


## HOW RADIOFREQUENCY TREATMENT RELIEVES CHRONIC NECK AND BACK PAIN

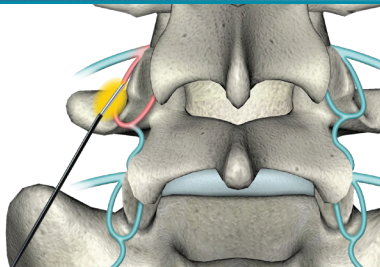
1. A medial branch nerve transmits pain signals from the spinal facet joint.



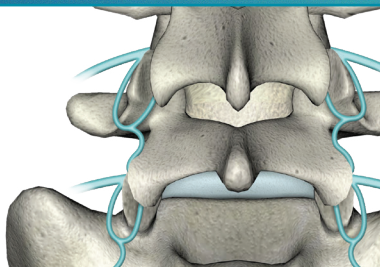
2. A needle is inserted in treatment area. Stimulation is used to locate nerves.



3. Radiofrequency current heats nearby nerve tissue.



4. Pain signals are blocked.



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## RADIOFREQUENCY PAIN MANAGEMENT

for Chronic Neck and Back Pain





## PAIN MANAGEMENT WITH RADIOFREQUENCY

You may be one of the many chronic neck and back pain patients who visit pain management specialists every year.

Radiofrequency (RF) technology is designed to treat your neck and back pain through an outpatient procedure and allow you to return to your normal activities.

## RADIOFREQUENCY TREATMENT

Radiofrequency ablation (RFA) is a clinically effective means of interrupting pain signals, such as those coming from an irritated facet joint in the spine.<sup>1</sup> Radiofrequency current is used to heat up a small volume of nerve tissue, thereby interrupting pain signals from that specific area.<sup>2</sup>

Radiofrequency Ablation (RFA) Therapy is a clinically simple and effective treatment for chronic pain originating from the neck, upper back, and lower back.<sup>1</sup> RFA is also known as facet denervation or thermocoagulation. Your doctor can determine if RFA treatment is right for you.

## DURING THE PROCEDURE

A radiofrequency nerve ablation procedure is performed by a doctor in a treatment room setting. Both local anesthesia and a mild sedative may be used to reduce discomfort during the procedure.

During the procedure you will be lying on either your stomach or back, depending on the treatment location. Your doctor will insert a small needle in your neck or back. Using x-ray imaging, the doctor will guide the needle to the treatment location near the spine. An electrode is inserted through the needle to stimulate nearby sensory and motor nerves. During stimulation, your doctor will ask if you are able to feel a tingling sensation. The object of stimulation is to determine the optimal treatment location for pain relief.

Once the needle and electrode placement is verified, a small RF current will travel through the electrode into the surrounding tissue, which is designed to cause the tissue to heat and interrupt pain signals. You should alert your doctor if you experience discomfort at any time during the procedure.

Your doctor may treat more than one location during the same procedure.



This pamphlet is for general education only. All medical questions and concerns should be addressed with your doctor. Your doctor can explain possible outcomes of treatment including risks and side effects.

## AFTER THE PROCEDURE

You may experience some soft tissue discomfort at the needle placement site(s) following the procedure. Like other soft tissue wounds, the discomfort should subside over several days or weeks. If there are no complications, the procedure can usually be done on an outpatient basis.

Your back pain should subside over the next several weeks. Radiofrequency treatment of nerves usually blocks pain signals for a prolonged period of time.<sup>2</sup> The procedure can be repeated if the nerves regenerate and your pain returns.

Radiofrequency treatment should not limit your daily activities. Physical restrictions you had prior to the procedure may still remain. As with any medical procedure, however minor, there are certain risks involved. Please ask your doctor for details regarding the potential risks with radiofrequency ablation and what activities are appropriate after radiofrequency treatment.

**Ask your doctor about pain treatment with radiofrequency equipment.**

1. McCormick ZL, et al. Randomised prospective trial of cooled versus traditional radiofrequency ablation of the medial branch nerves for the treatment of lumbar facet joint pain. *Reg Anesth Pain Med.* 2019 Mar;44(3):389-397.

2. Lord SM, et al. Percutaneous radiofrequency for chronic cervical zygapophyseal joint pain *The New England Journal of Medicine* 1996; 335(23): 1721-1726.