



## The Steward Centers for Pain Management

### Frequently asked questions about radiofrequency lesioning

#### Radiofrequency lesioning

Radiofrequency lesioning is a procedure using a specialized machine to interrupt nerve conduction on a semi-permanent basis. The nerves are usually blocked for six to nine months. However, the block may be as short as three months or as long as 18 months.

**Q. What are the benefits of radiofrequency lesioning?**

A. 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 percent 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.

**Q. How long does the procedure take?**

A. Depending upon the areas to be treated, the procedure can take from about 20 minutes to a couple of hours.

**Q. Where is the procedure performed?**

A. The procedure is usually performed in an operating room under X-ray guidance.

**Q. How is it actually performed?**

A. 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 radiofrequency machine for a few seconds. This "numbs" the nerves semi-permanently.

**Q. Will the procedure hurt?**

A. Layers of muscle and soft tissues protect nerves. 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.

**Q. Will I be "put out" for this procedure?**

A. 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.

**Q. How is the procedure performed?**

A. It is done 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 patient is monitored with EKG, blood pressure cuff, and blood oxygen-monitoring device. The skin on the back is cleaned with antiseptic solution and then the procedure is carried out. X-ray (fluoroscopy) is used to guide the needles.

**Q. What should I expect after the procedure?**

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

**Q. What should I do after the procedure?**

A. You should have a ride home. We advise the patients to take it easy for a day or so after the procedure. You may want to apply ice to the affected area. Perform activities as tolerated by you.

**Q. Can I go to work the next day?**

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

**Q. How long will the effects of the procedure last?**

A. If successful, the effects of the procedure can last from three to 18 months, usually six to nine months.

**Q. How many procedures do I need to have?**

A. 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).

**Q. Will the radiofrequency lesioning help me?**

A. 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.

**Q. What are the risks and side effects?**

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

**Q. Who should not have this procedure?**

A. If you are on a blood-thinning medication, such as Coumadin® or 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

If you have questions, be sure to ask your doctor or other member of your pain management team.

[www.Steward.org/painmangement](http://www.Steward.org/painmangement)