

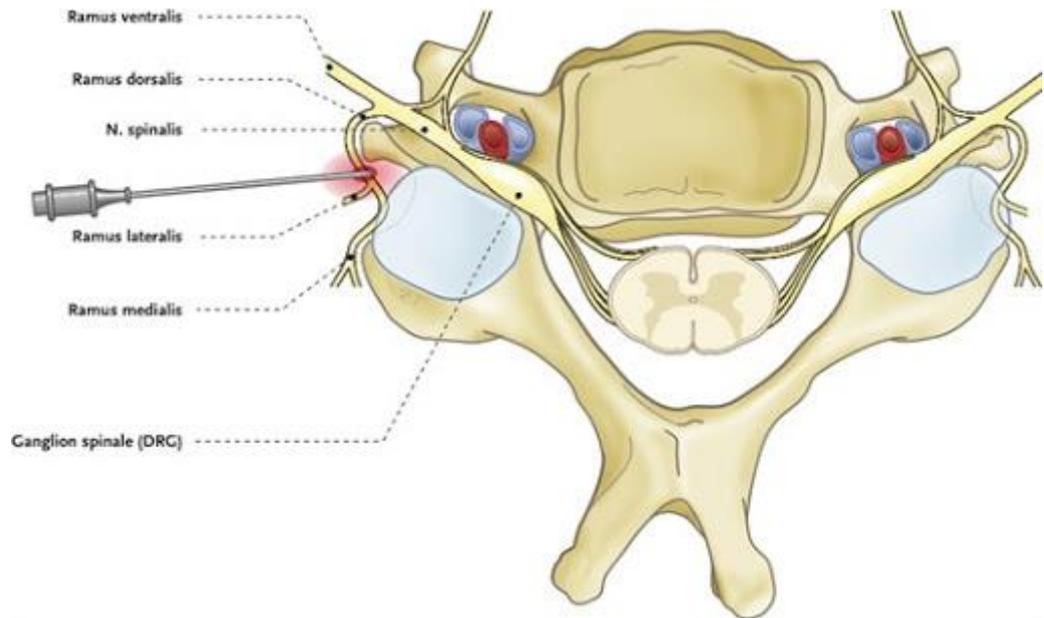
CERVICAL RHIZOLYSIS OR RADIOFREQUENCY LESIONING

INFORMATION FOR PATIENTS

WHAT IS RHIZOLYSIS/RADIOFREQUENCY LESIONING?

If you have had a change in your neck pain symptoms following a diagnostic injection called a Medial Branch Block (MBB), this confirms that the structures supplied by the nerve called the Medial Branch of the Cervical Dorsal Ramus is, at least in part, responsible for your symptoms. A special needle is attached to a radiofrequency machine. The tip of the needle is applied to the Medial Branch of the Posterior Ramus. The Consultant checks that the needle is in the correct place by placing a small current through the tip of the needle.

This may cause a tingling sensation. Sometimes the muscles supplied by the nerve twitch if the needle is in the right spot. The Consultant then heats the tip of the needle using the radiofrequency waves, which damage the nerve so that it can no longer send pain messages from the joint. Usually



several levels in the neck are treated in one sitting. The procedure can be done on one side, or both sides, depending on your symptoms. This technique is called Rhizolysis or Radiofrequency Lesioning (RFL). It can also be called Frequency Nerve Ablation or Denervation.

WHY DO I NEED THIS PROCEDURE?

- The nerve that supplies the facet joints and some of the muscles in your neck (cervical spine) is called the Medial Branch of the Dorsal Ramus. By deliberately damaging this nerve using heat from radiofrequency waves, the aim is to stop the nerve carrying the pain signal from the joints in your neck.
- Sometimes the joints in the cervical spine (neck) can refer pain into the back of your head. Rhizolysis/RFL may reduce or resolve these symptoms, especially if they felt better, even temporarily, after your Medial Branch Block Injection.
- By giving you a window of pain relief from your pain, this enables you to gradually return to increased levels of activity and exercise. In the long term exercise has been shown to be the best way to manage chronic neck pain.

CONSENT

We must by law, obtain your written consent. Your Spinal Consultant will explain the risks and benefits to the procedure. These are also outlined in this leaflet. You will be asked to sign a Consent Form prior to the injection. If you have any questions then please feel free to ask any member of the Spinal Team.

WHAT ARE THE RISKS?

Version 1 Author Elaine Robinson New Hall Hospital Review Date 2022

Common

- Pain and bruising at the injection site. This will improve after a few days and not everyone experiences it.
- Discomfort and a local buzzing sensation during the procedure.
- Worsening of neck pain for up to a few weeks.
- Lack of response to the procedure. It may not change any of your symptoms.
- Feeling faint

Rare

- Allergic reaction to the local anaesthetic, antiseptic or plasters used. You would be treated for any severe reaction if it did occur. If you have any known allergies, then please advise your spinal medical team prior to the procedure.
- Infection at the needle site.
- Damage to the nerve root, which sits in front of the joint via trauma from the needle or a bleed around the nerve. Any of these complications could put more pressure on the nerve. This could lead to an increase in arm symptoms. This is rare as the injection is done under X-Ray guidance so the Consultant can accurately place the needle.

WHAT ARE THE BENEFITS?

- By reducing your pain, you may then be able to engage with other beneficial activities such as exercise or manual therapy.
- Your day to day function, sleep and ability to return to normal activity of daily living may improve as pain reduces.
- You may be able to reduce your current pain medication if your symptoms improve.

HOW DO I PREPARE?

Please advise us if any of the following apply:

- You have tested positive for MRSA.
- You are feeling unwell or have a temperature.
- You have been admitted to hospital since being placed on the waiting list for the procedure.
- There is any possibility you might be pregnant. The procedure is done using an X-Ray.
- If you have a blood clotting disorder.
- If you are taking any medication that thins your blood.

You will need to be accompanied to the hospital and home again. Someone needs to drive you as you will be unsafe to drive yourself due to the potential numbing effect the local anaesthetic can have on your arm. We do not recommend that you use public transport. By the following day this should have worn off. We recommend that you have an escort who can make sure you get home safely.

WHAT HAPPENS DURING THE PROCEDURE?

You will be sent an appointment to come and have your procedure as a day case. Expect to be in the hospital for 3-4 hours, although often you will be discharged more quickly than this. You will be asked to change into a hospital gown.

Your neck will be cleaned with antiseptic solution. The procedure is done under X-Ray guidance. Local anaesthetic will be injected to numb the skin which will sting. A needle is then introduced into your neck down to the nerve to

be blocked and more anaesthetic will be introduced around it. The needle is attached to the radiofrequency machine via an electric cable. The Consultant will check that the needle is in the right place by sending a small electrical signal down the needle. You may feel some local buzzing or tingling. The muscle in the neck that is supplied by the nerve may also twitch. This is often a good indicator that the needle is in the right place. The tip of the needle is then heated using the radiofrequency waves. This deliberately damages the nerve to stop it carrying a pain signal. The same procedure is done to several levels in the neck, usually in the same place as you had your medial branch block procedure. This can be done on one side, or both sides, depending on your symptoms. The whole procedure takes on average 20-40 minutes, depending on how many levels you have treated.

WHAT HAPPENS AFTER THE PROCEDURE?

You will be transferred to a recovery area. When you feel sufficiently well enough and staff are satisfied with your observation tests, you will be discharged. Your Escort will need to drive you home. Make a note of any change in your neck and arm pain for the first 6 hours after the injection. You may choose to use the pain diary at the end of this leaflet to record the change in pain levels as they occur.

It's common for the pain in your neck to be temporarily worse after Rhizolysis/RFL. This can last for several days, but sometimes several weeks. We therefore recommend that you continue with your usual pain relief medications. The following day you can gradually and gently return to normal day to day activities. We would advise you to avoid strenuous activity for 48 hours after the procedure.

WILL I HAVE A FOLLOW UP APPOINTMENT?

A follow up appointment is not usually required after this procedure. If successful, you can get pain relief from anywhere between weeks and years. The nerve that has been damaged, will try to regenerate and can grow back and re-establish a connection again with the cervical facet joint. It is really important, therefore, to use any window of pain relief that this procedure provides to pace a gentle return to regular exercise. It is the ongoing exercise that lubricates your joints and strengthens your muscles. People who are active and regularly exercise get less episodes of neck pain. They are generally able to cope better with these episodes and they tend to settle more quickly.

Rhizolysis/RFL does not work for everyone. If you do not respond, then there may be other pain mechanisms at work driving your symptoms. This short and clear video helps to explain why you can have ongoing pain symptoms, despite treatment.

Tame The Beast: <https://www.youtube.com/watch?v=ikUzvSph7Z4>

A referral to Pain Clinic may be useful if this procedure does not help. It is rare to have surgery for neck pain alone, due to limited benefits. You will be left on a Patient Initiated Follow Up (PIFU) appointment for 3 months after rhizolysis, so can contact your spinal specialist if required.

WHO DO I CONTACT IF I HAVE CONCERNS?

If you are worried about any symptoms after your procedure you can contact the Spinal Nurse Specialist Team. Remember it is common to experience temporary increase in symptoms in the neck after the local anaesthetic wears off. Your first strategy to manage this is taking pain relief as prescribed by your GP and modifying your activities.

Contact us if:

- Your injection site shows signs of infection such as discharge or redness/swelling lasting more than the initial few days or if you have a fever or feel unwell.
- You experience unremitting severe pain, or new pain, weakness or altered sensation in a different place or limb from your symptoms prior to the injection.

If you are unable to reach the Spinal Team or your query is out of hours contact your GP or local Out of Hours Service.

Useful Contact Numbers:

Spinal Nurse Specialists: 01722 435175 Leave a message on the answering machine. Messages will be reviewed between Monday-Friday 8:00 am - 3:30pm. Please leave your telephone number and details and we will call you back.

For follow up appointments, contact your Spinal Team's Secretary:

Mr Hilton	01305 257096/ 01722 435164
Mr Stenning	01305 257096/ 01722 435686
Mr Chapple	NHS 01722 435183/Private 01722435167
Mr Dabke	01722 435176
Mr Davies	01722 435682
Mr Fowler	01722 435176
Dr Park	01305 257096
Elaine Robinson	01722 435168
James Beck	01305 257096
Main Switchboard	01722 422333

Pain Diary:

Pain score: 0 is no pain, 10 is very severe pain.

☺ 0 1 2 3 4 5 6 7 8 9 10 ☹

	Neck Pain	Head Pain	Arm Pain
Prior to procedure			
2-6 hours after procedure			
24 hours after procedure			
Two weeks after procedure			
One month after procedure			
Two months after procedure			