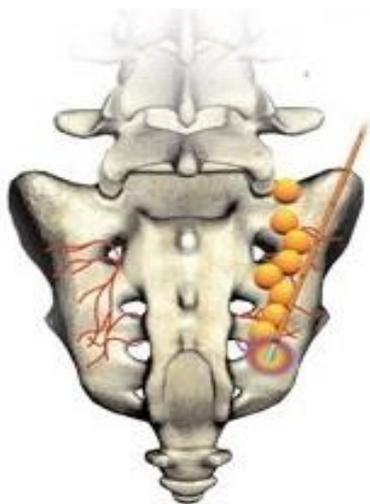
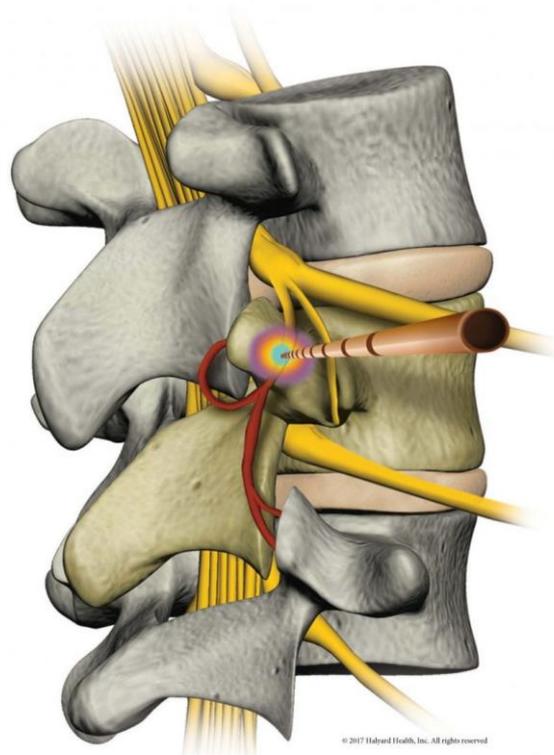


LUMBAR and SACROILIAC JOINT RHIZOLYSIS OR RADIOFREQUENCY LESIONING

INFORMATION FOR PATIENTS

WHAT IS RHIZOLYSIS?

If you have had a change in your back 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 Posterior Ramus are, 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 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 (denervate) the nerve so that it can no longer send pain messages from the joint. Usually several levels in the low back 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.



The nerves that supply the Sacroiliac joint, the joint between the base of your spine (sacrum) and ilium (wing of pelvis) can also be treated with rhizolysis/RFL to stop the nerve supplying the joint from carrying the pain signal. Prior to this procedure you will have had a diagnostic change with a sacro-iliac block injection.

WHY DO I NEED THIS PROCEDURE?

Lumbar Rhizolysis/RFL

- The nerve that supplies the facet joints and some of the muscles in your lower back (lumbar spine) is called the Medial Branch of the Posterior 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 lower back.
- Sometimes the facet joints in your back can refer pain into the top part of your leg, but usually the back pain is worse than the leg pain. Rhizolysis may reduce or eliminate this leg pain, especially if it reduced, even temporarily, following your Medial Branch Block injection.

Sacroiliac Joint Rhizolysis/RFL

- By damaging the nerve that carries the pain signal from your sacroiliac joint, using a needle heated by radiofrequency waves, the aim is to stop your buttock and leg pain.

By giving you a window of pain relief from your low back, buttock or 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 low back pain and sacroiliac 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?

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 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.
- With Lumbar Rhizolysis/RFL, there is a rare chance of 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 leg 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 injection.
- 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 leg. 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 back or sacral area will be cleaned with antiseptic solution. The procedure is done under X-Ray guidance. You will be lying on your tummy. Local anaesthetic will be injected to numb the skin which will sting. A needle is then introduced into your back 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 back or buttock 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 back, or in the sacral area depending on your symptoms, usually in the same place as you had your injection block procedure. This can be done on one side, or both sides, depending on your symptoms. The whole procedure takes between 20-40 minutes, depending on how many levels are 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 back, buttock and leg pain for the first 6 hours after the procedure. 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 your pain 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 lumbar facet joint or sacroiliac 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 back and sacroiliac 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 back pain alone, due to limited benefits. There are sometimes surgical options for persistent sacroiliac pain. 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 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 ☹

	Back Pain	Buttock Pain	Leg 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			