

Radiofrequency Ablation



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Lumbar Radiofrequency Ablation (RFA), which is also called radiofrequency rhizotomy, is used to reduce or eliminate pain in spinal facets. Pain signals travel through medial nerve branches. Light electrical discharge is used to cut off the nerve, which innervates painful facet joint. Lumbar Radiofrequency ablation is short, minimally invasive procedure held under local anesthesia. A tube-like needle, called cannula is introduced with the help of fluoroscope near appropriate medial nerve branch.

A radiofrequency electrode is inserted through the cannula. To make sure that electrode is in correct position, a small electric signal stimulates current site. If the stimulation causes only pain without other muscular effects, then the electrode is in right position. To cut off the nerve, electricity is conducted through the electrode, which warms up the nerve. After radiofrequency ablation is complete, physician may repeat the procedure for one or more nerves. At the end of the ablation both cannula and electrode are removed.

During a week after Lumbar Radiofrequency Ablation the pain may increase, but by the end of the months the patient will be fully relieved. Successful radiofrequency ablation may last longer than steroid block.

Lumbar Radiofrequency Ablation side effects:

Possible side-effects are comparable with side-effects of a simple injection: patient may have allergic reactions, bacterial infection or bleeding, which occurs rarely.

It is obligatory to inform your physician about pregnancy or the use of "blood thinning" medications.

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DISCLAIMER: INFORMATION PROVIDED IN THIS SHEET IS GENERAL IN CONTENT AND SHOULD NOT BE SEEN AS A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE. CONCERNS OVER MEDICAL CONDITIONS SHOULD BE DISCUSSED WITH YOUR PRIMARY CARE PHYSICIAN OR PAIN CARE SPECIALIST.