



## **Cervical Radiofrequency Lesioning – Patient Information**

### **What is Cervical Radiofrequency Lesioning?**

Pain arising from the small joints of the neck (facet joints or zygapophyseal joints) can be diagnosed by blocking the nerve supply to these joints using local anaesthetic. These nerves are known as the Medial branches. Blocking them is therefore known as Medial Branch Block (MBB). If this local anaesthetic (diagnostic) injection has been of some benefit even for a limited time, it strongly suggests that the pain is arising from these small joints. The procedure which blocks these nerves for a significantly longer period using an electrical energy source is known as radio frequency lesioning. Other terms for the same procedure are Radiofrequency Denervation or Radiofrequency Neurotomy.

### **What is the purpose of Cervical Radiofrequency Lesioning?**

Cervical Radiofrequency Lesioning does not destroy the nerve but rather disrupts the ability of the nerve to conduct painful messages. This can provide good quality pain relief for up to 18 months.

### **How is it determined if Cervical Radio Frequency Lesioning is appropriate?**

The Specialist Physician in Pain Medicine at Pain Medicine SA may advise this procedure if the diagnostic block using local anaesthetic has been successful. The effects of the local anaesthetic block, recorded in the pain diary by the patient, will be reviewed. Consent will be discussed with the patient in detail and any questions addressed. This will include consideration of the benefits, risks and alternatives to this procedure.

### **How is Cervical Radio Frequency Lesioning performed?**

The block is performed in the operating room under sterile conditions using image intensification (x-rays) to guide the precise placement of a small needle. A special piece of equipment is used to deliver the correct energy to the target. Some local anaesthetic and steroid is used to minimise discomfort afterwards.

Monitored anaesthesia care is administered for patient comfort and sedation.



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### **What happens after the procedure?**

The procedure itself takes between 20-40 minutes. Most of this is identifying the exact location of the anatomy. The patient is transferred to the recovery room and back to the ward. It may take a number of days for the effect of the treatment to be appreciated. Some local discomfort should respond to simple painkillers and cold packs. You will be advised to rest for the first 24 hours but can gently return to normal activities over the next few days.

Importantly the procedure may need to be repeated if the pain returns. This is not always the case. Patients can typically expect to get between 8 to 12 months good quality relief. Sometimes this may be as long as 18 months.

**In the case of numbness, which has not gone away after 24 hours, or any loss of control over bladder or bowel, you should contact PainMedSA, or attend an Emergency Department and ask that they contact us if it is after hours.**