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Radiofrequency Neurotomy Information for Facet and Sacroiliac Joint Pain

What is a medial branch neurotomy and why is it helpful?

A medial branch neurotomy is a non-surgical procedure which lesions the nerves carrying pain from your facet joints to your brain. Lateral branch neurotomy lesions the nerves carrying pain from the sacroiliac joints. Likely, we have previously numbed the medial branch nerves or the sacroiliac joint as a ‘dry run’ to see if you were a candidate for the neurotomy procedure. The neurotomy prevents the pain signal from traveling through these nerves, thereby interrupting the pain signal to your brain. These medial or lateral branch nerves do not control any muscles or sensation in your arms or legs. The medial branch nerves do control small muscles in your neck, mid or low back, but this has not proved harmful. If effective, the treatment should provide pain relief lasting at least 9-14 months and at times much longer.

What will happen to me during the procedure?

An IV will be started and we will give you an adequate IV relaxation to keep the procedure comfortable. After lying on an x-ray table, the skin over your neck, mid-back or low back will be cleansed. Next, the physician will numb a small area of skin which may sting for a few seconds. The physician will use x-ray guidance to direct a special (radiofrequency) needle along side the medial or lateral branch nerves. A small amount of electrical current will then be carefully passed through each needle to assure it is next to the target nerve. This should briefly recreate your usual pain and cause a muscle twitch in your neck or back. The nerves will then be numbed to minimize pain while the nerve is being lesioned. This process will be repeated for usually 1-5 additional nerves. The entire procedure usually takes between 30-90 minutes.

What should I expect after the procedure?

On the day of the injection, you should not drive and should avoid any strenuous activities. On the day after the procedure, you may cautiously return to your regular activities. Your neck or back will usually be very sore during the next 1-4 days. This pain is usually caused by muscle spasms and irritability while the targeted nerves are dying from the heat lesion over the next 7-14 days. Your physician will give you medicine to treat the expected spasms and soreness. You will usually want to rest for several days before returning to normal activities. Pain relief usually isn’t experienced until about 2-3 weeks after the procedure when the nerves have completely died. On occasion, your back or neck may feel odd or slightly weak for several weeks after the procedure.

The nerves will eventually grow back (regenerate) but the pain may or may not recur. If the pain does recur, you may want to have the procedure repeated (usually with equal success). Some patients never have a return of their pain, but we can’t predict when this will occur.

We are frequently asked, “If you remove my ability to feel these joints will I injure them or other parts of my back?” There is no scientific evidence to support this happening. In the many years that we have been following patients after medial or lateral branch neurotomy, we have not seen this occur.

There is a rare chance (less than 5%) that you may have increased nerve pain following the procedure for 1-3 months. This may include skin sensitivity or a sun-burn sensation. We believe this occurs from increased nerve irritability when the nerve is partially rather than completely damaged. It is treated with specific medications and usually resolves in several months. It is less common in the mid and low back than in the neck, and is most common at higher levels (e.g. C2-4) of the neck.