Radiofrequency Ablation for Chronic Pain
VIHA Regional Pain Program – RJH Site

This handout will help you learn more about your radiofrequency ablation (RFA): what to expect, how to get ready, and what to watch for when you get home.

Where will the block be done?

When and where will the block be done?

<table>
<thead>
<tr>
<th>Date of procedure:</th>
<th>VIHA Pain Program – RJH Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homer 2, Memorial Pavilion</td>
<td></td>
</tr>
<tr>
<td>Royal Jubilee Hospital</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of procedure:</th>
<th>1952 Bay Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 250.519.1836</td>
<td></td>
</tr>
<tr>
<td>Fax: 250.519.1837</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE ARRIVE 30 MINUTES BEFORE PROCEDURE.

VIHA Pain Program Web site: www.viha.ca/pain_program

If you need to cancel, please contact the Pain Program at least 48 hours before your procedure.

What is a radiofrequency ablation?

An RFA is a procedure where an electrical current, produced by a radio wave, is used to heat up a small area of nerve tissue. This causes an interruption in pain signals and reduces pain in that area. This procedure is also known as neurotomy or rhizotomy.

Why is a radiofrequency ablation done?

An RFA is used to reduce pain in your facet or sacroiliac joints, that has not responded to other treatments, or to provide longer-term relief than nerve blocks or injections alone cannot provide. It is sometimes also done to relieve pain in scar tissue.

Who will do the ablation?

The Pain Program doctor will explain the procedure to you and do the RFA. This procedure takes between 20 minutes and 1 hour. It will depend on how many and which nerves are being ablated.

Are there any side effects or risks with this procedure?

Although RFA is generally safe, no procedure is risk free. Possible side effects and risks are:
• Some discomfort, including swelling and bruising, at the site of the treatment. Generally, this goes away after a few days.
• Numbness in a small area of skin around the injection site.
• Serious allergic reaction to the medication or x-ray dye (rare).
• Infections (very rare) can involve the skin, or the joint and surrounding bone.
• Leg numbness. If you have any leg numbness, walk only with help. This should only last a few hours and is due to the local anaesthesia given during the procedure.
• Weak back or neck. On occasion, your back or neck may feel slightly weak for several weeks after the procedure.
• Neuritis. Neuritis is an inflammation of the nerve with pain and tenderness that lasts 3-6 weeks. This can occur in 10-15 percent of patients. Neuritis usually goes away by itself.
• Increased pain in the procedure area, caused by a neuroma. A neuroma is a benign tumour from a nerve made of nerve cells and fibers. In rare cases, it can form around the area destroyed during RFA, and put pressure on the nerve and nearby tissue, causing increased pain.
• Lack of pain relief.
• Possible side effects of the steroid used include possible increased blood pressure (lasting 1-2 days) and increased blood sugar (lasting 1-2 days). Diabetics should monitor blood sugars closely.

How do I get ready for the nerve block?

• Please review pamphlet: “Simple Steps for a Safe Outpatient Visit”.
• Wear comfortable clothing that is easy to take off and put on. Wear low heeled, non-slip shoes.
• Avoid wearing scented products such as perfume or aftershave.
• Arrange for a responsible person to bring you to the hospital and take you home (by car, taxi or bus). Make sure this person can be contacted by phone at anytime during the day of your procedure. You cannot drive yourself or go home alone in a taxi or bus.
• Make sure you have access to a phone when you get home after the procedure. This is so you can contact the hospital in case you have a reaction to the procedure.
• Tell the Pain Program doctor and nurses if you have any programmable implant, such as a pacemaker or Implantable Cardiac Defibrillator (ICD).
• Tell the Pain Program doctor and nurses if you have any allergies. Make sure to tell them if you have ever had a reaction to the dye used when begin X-rayed.
• Bring your regular pain medications with you. You may need to take some on your way home after the procedure.
Stopping medications

- If you take an injectable blood thinner (e.g. low-molecular weight Heparin), tell your Pain Program doctor or clinic staff at least 7 days before your procedure.
- If you take any of the following anticoagulants (blood thinners), please **stop them 7 days** before your procedure unless your pain doctor tells you not to:
  - apixaban (Eliquis®)
  - clopidogrel (Plavix®)
  - rivaroxaban (Xaralto®)
  - dabigatran (Pradax®)
  - warfarin (Coumadin®)

**IMPORTANT! Do not stop your anticoagulant unless this has been approved by your family doctor or by the Pain Clinic first!**

- If you take warfarin, ask your family doctor to arrange for an INR blood test to be done the day before your procedure. If your INR is too high, your procedure will need to be rescheduled.
- If you are an insulin-dependent diabetic, it is important that you eat before you come in and take the appropriate level of insulin.
- Take all other regular medications with a sip of water on the morning of your block unless your Pain Program doctor has told you not to.

Eating and Drinking

- You may eat and drink but should restrict your intake to a light meal before your procedure.

How is the procedure done?

- You will have an intravenous (IV) placed in a vein in your arm. In the procedure room, the nurse will check your blood pressure and measure the oxygen in your blood using a clip on the outside of your finger. The nurse may also give you oxygen through your nose or a mask.
- You will lie on your stomach. A cold sticky pad will be placed on your skin. This allows the electrical current to flow back into the radiofrequency machine.
- The area to be injected will be cleaned with an antiseptic solution. The doctor will numb the skin and deeper tissues using a very thin needle, before inserting the electrode. You will be awake for the procedure. You can have some sedation through your IV if you need it.
- The doctor will place the electrode close to the affected nerves and will ask you if you can feel a sensation that may recreate your pain for a few seconds. This helps the doctor locate the right spot. You may feel a “thumping” sensation if the electrode is near a motor nerve, or a “tingling or twitching” sensation if it is near a sensory nerve. The doctor and nurse may also watch for muscle twitching in other areas, such as your feet or calf muscles.
Once the correct spot is found, the current will be applied for 60-90 seconds. During this time you may feel a buzzing or tingling sensation. Tell the doctor if you feel pain. The doctor can make you more comfortable.

A steroid will be injected into each site to reduce the pain during the first week. Right after the procedure you may have some pain relief from the numbing medication used.

A bandaid will be placed over the injection site. The nurse will continue to check your heart rate and blood pressure until you are ready to go home.

Care at home

- You must not drive the day of your procedure.
- Resume your regular activities, but take it easy for a day or two. Do not do anything strenuous for at least 24 hours.
- Resume your normal diet. Be sure to drink plenty of fluids.
- You may shower after your return home from the procedure. Do not take a tub bath until the day after.
- If the injection site is painful, apply ice or a cold pack over the injection site. Put it on and off for about 15 minutes each time.
- You may want to take some pain medication before the local anaesthetic wears off. You can take an anti-inflammatory such as ibuprofen, or a medication that you normally take for pain.
- The RFA area will usually be very sore for 1-4 days after the procedure. This pain is usually caused by muscle spasms. Pain can increase over the next 7-14 days as the treated nerves begin to die. Take your usual pain medications as directed to stay comfortable.
- Pain relief from the RFA usually happens when the nerves have completely died. This usually happens 2-3 weeks after the procedure, but can take up to 6 weeks to notice. These nerves can regrow in several weeks to months. Sometimes, the pain returns and the procedure may need to be repeated.
- Keep a diary of your pain following the procedure. This will help when discussing the results of your procedure with your doctor.

Call your family doctor or the Pain Program if you have:

- Chills or fever of 38.3°C or greater
- Redness or drainage at the injection site
- Headache that does not go away
- Increase in pain or your legs are getting weak
- Any other unusual or new symptoms

If your doctor or Pain Program staff is not available, go to the nearest Emergency Department.

The information in this handout is intended only for the person it was given to by the health care team. It does not replace the advice or directions given to you by your doctor.