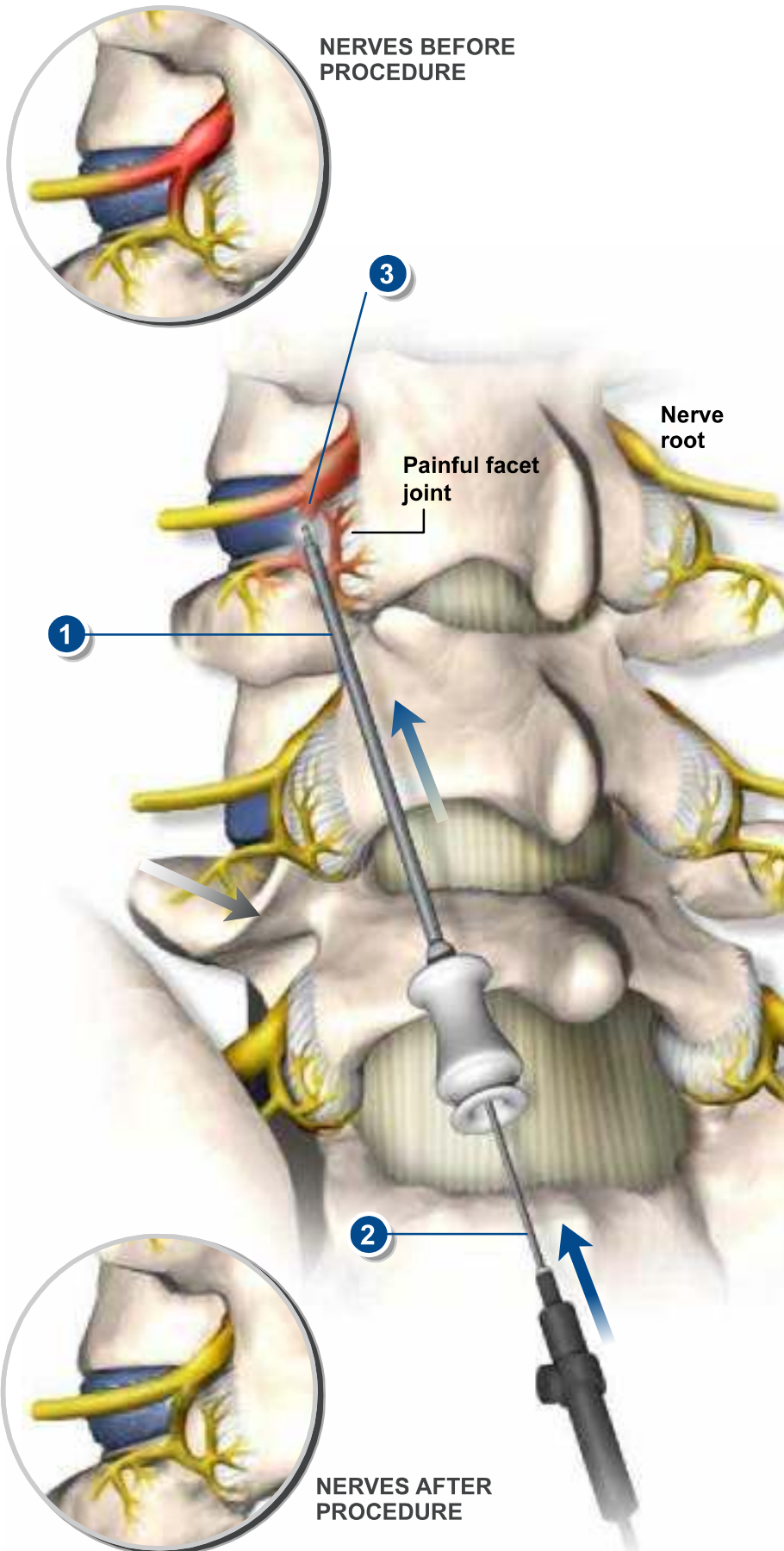


LUMBAR RADIOFREQUENCY NEUROTOMY



Overview

This minimally-invasive procedure, also called radiofrequency (RF) rhizotomy, reduces or eliminates the pain of damaged facet joints by disrupting the medial branch nerves that carry the pain signals. This procedure is performed with local anesthetic.

1. Cannula Inserted

A needle-like tube called a cannula is inserted and positioned near the irritated medial branch nerves. An X-ray or fluoroscope is used to help position the cannula properly.

2. Electrode Inserted

A radiofrequency electrode is inserted through the cannula. The surgeon tests the electrode's position by administering a weak electric jolt. If the stimulation recreates the pain without any other muscular effects, the electrode is positioned correctly.

3. Nerve Treated

The surgeon uses the electrode to heat and cauterize the nerve. This disrupts its ability to communicate with the brain, blocking the pain signals. The surgeon may treat multiple nerves if needed.

End of Procedure

After the procedure, the electrode and cannula are removed. Although pain may increase for the first week after the procedure, the patient usually has full relief from pain within a month. Successful RF neurotomies can last longer than steroid block injections.