



PROCEDURE INFORMATION

CERVICAL RADIOFREQUENCY ABLATION (RFA)

FOR NECK PAIN AND HEADACHE

A cervical radiofrequency ablation (RFA) is a procedure for treating neck, shoulder, and upper back pain. It is also called cervical facet thermal coagulation or rhizotomy. This information sheet will explain what it is. Your doctor can explain if this procedure is appropriate for you.

WHAT ARE CERVICAL FACET JOINTS?

Facet joints connect the vertebrae, the bones of the spine. They help guide your spine when you move. The neck area of the spine is called the cervical region. It contains 7 vertebrae.

Facet joints are found on both sides of the spine. Each is about the size of a thumbnail. Cervical facet joints are named for the vertebrae they connect and the side of the spine where they are found. The right C3-4 facet joint, for example, joins the third and fourth vertebrae on the right side.

WHAT IS CERVICAL FACET JOINT PAIN?

You may feel pain if a cervical facet joint is injured. Sometimes it feels like simple muscle tension. Other times it can be severe pain.

The cartilage inside the joint may be injured. Other times only connecting ligaments surrounding the joints are injured.

Facet pain also depends on which facet joint is affected. Cervical facet pain can occur in an area from your head down to your shoulder blade. The diagram shows areas of pain usually associated with specific joints.

HOW DO I KNOW IF I HAVE CERVICAL FACET PAIN?

If you have pain in one or more of these areas when you turn your head, and it lasts longer than 2 months, you may have cervical facet pain. Common tests such as x-rays or MRIs may not show if a facet joint is causing pain.

WHAT IS CERVICAL FACET RFA?

RFA uses radiofrequency energy to disrupt nerve function. When this is done to a cervical medial branch nerve, the nerve can no longer transmit pain from an injured facet joint.

WHAT HAPPENS DURING AN RFA?

An RFA may start with an IV (medication given intravenously) to help you relax. A local anesthetic may be used to numb your skin.

The doctor will then insert a thin needle near the medial branch nerve. Fluoroscopy, a type of x-ray, will be used to position the needle. The doctor will then check to make sure the needle is at the appropriate location prior to stimulating the nerve. This may cause muscle twitching and provoke some of your pain.

Once the needle is properly placed, the area will be numbed. Radiofrequency energy will then be used to disrupt the medial branch nerve. This is often repeated at more than one level of the spine.

WHAT HAPPENS AFTER AN RFA?

You will be monitored for up to 30 minutes after the RFA. When you are ready to leave, the clinic will give you discharge instructions. You will also be given a pain diary. It is important to fill this out because it helps your doctor know how the RFA is working. Take it easy for the rest of the day.

You may feel sore for 1-4 days. This is normal. It may be due to muscle and nerve irritation. Your neck may feel numb, weak, or itchy for a couple of weeks. Full pain relief normally comes in 2-4 weeks.

CONTINUED ON REVERSE...

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HOW LONG CAN I EXPECT PAIN RELIEF?

Nerves regenerate after an RFA, but how long this takes varies. Your pain may or may not return when the nerves regenerate. If it does, another RFA can be safely performed.

WHAT ARE THE POSSIBLE RISKS AND SIDE EFFECTS?

As with all invasive medical procedures, there are potential risks. Risks are rare, but may include infection, bleeding, allergic reaction, headache, dural puncture, temporary numbness or tingling, weakness, and nerve injury.

Side effects are rare and, when they occur, are usually due to the steroid itself. These include, but are not limited to, pain at the injection site, headache, increased blood sugar, water retention, facial flushing, irritability, sleeplessness, burst of energy, and skin discoloration at the injection site.

You should contact your doctor or go to the emergency room if you experience any of the following symptoms: Severe headaches with nausea or vomiting, fever greater than 101°F, loss of control of bowel or bladder function, severe pain, and/or loss of function or feeling in the arms or legs.

THIS PAMPHLET IS FOR GENERAL EDUCATION ONLY. SPECIFIC QUESTIONS OR CONCERNS SHOULD ALWAYS BE DIRECTED TO YOUR PROVIDER. YOUR PROVIDER CAN EXPLAIN POSSIBLE RISKS OR SIDE EFFECTS AND OTHER READILY AVAILABLE TREATMENT OPTIONS