



MEDIAL BRANCH BLOCKS AND RADIOFREQUENCY NEUROTOMY

MEDIAL BRANCH BLOCKS

Medial branch block is a relatively simple diagnostic procedure that Dr. Franiak may recommend. The facet joints are the little joints along the spine where two vertebrae meet. If there is arthritis or degeneration along those joints, the doctor may be suspicious that some or all of your pain is coming from those joints. There are fine nerves along the groove of these joints called the medial branch nerves. Medial branch blocks is a simple procedure to determine if all or some of your pain is coming from these joints. The procedure involves laying on an X-ray table. Fluoroscopy or "live X-ray" is used to visualize the bone structures. Dr. Franiak numbs up the area over the joint, that feels like a little "pinch and sting", it's not that bad! Dr. Franiak will see on the X-ray that he is in the right spot and inject some numbing medicine to the groove where the nerves lie. The procedure only takes a few minutes. The patient can get up and move around and within five or ten minutes the patient would be able to notice whether their pain had improved significantly. The numbing medicine does not last that long, it's absorbed within a few hours, as when you have a dental procedure. The nurse will ask you how much the pain has improved. It's not important how long the improvement lasts, only that there is a significant and definite improvement. Sometimes the pain can be calmed down and improved for a day, two days, or even a week. There is really no "down" time with this procedure. The patient can go back to normal activity the next day.

If the pain is significantly improved, even for a short time, there is a procedure that can be done to semi-permanently destroy a small section of those nerves, relieving the pain. This is called a radiofrequency neurotomy (or "ablation"). If the pain is NOT improved by the medial branch blocks, obviously there is no reason to have the radiofrequency neurotomy, because it won't help the pain.

Insurance companies often require that the radiofrequency neurotomy procedure be pre-approved before they will cover the cost. Our office staff can send documentation to the insurance company. We need written approval from your insurance company to schedule the radiofrequency neurotomy. Usually it takes three weeks to obtain that approval. Often the patient will receive approval in the mail before our office does. Please call our office when you obtain the approval. Anthem will NOT fax us the approval. They send it to the patient in the mail. Medicare does not require us to send a letter, but their requirements are that the patient undergo medial branch blocks TWICE, on two separate occasions, and the results are documented. If the pain is significantly improved, we may schedule the radiofrequency neurotomy procedure.

Something to keep in mind, often patients have more than one cause of pain. The medial branch blocks and neurotomy procedure will help pain generated by facet pain. If the patient has other causes as well, such as pain from the disc(s), some pain will remain.

We should emphasize that the medial branch block procedure is more diagnostic than therapeutic. The pain relief from the block doesn't last that long, but it gives us an answer as to whether the pain (or how much of the pain) is coming from the facet joints. If you are NOT experiencing your usual pain at the time your medial branch block is



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scheduled, it will be best to reschedule the procedure. (You would not be able to appreciate any benefit if you are not having pain at the time.)

RADIOFREQUENCY NEUROTOMY

A radiofrequency neurotomy is a therapeutic procedure. It can help the pain from facet joints for 9-12 months or longer.

If the medial branch block procedure was successful in relieving the pain (even for a short time), we can be fairly sure that if we eliminated a small section of those nerves, the pain would improve. A radiofrequency neurotomy is a procedure that can be done in the office, using a special machine. The procedure involves the patient laying on the X-ray table. The doctor or nurse will start an IV and give a little sedating medicine. The patient will not be completely asleep. A grounding pad is placed on the patient's thigh. The area over the facet joints is numbed. The X-ray is used to visualize that the needle tip is in the correct spot. Then the radiofrequency machine is used to test that the needle is near the medial branch nerve, and not too close to a motor nerve root. The machine makes a beeping noise, and the patient may feel a sensation that feels like tapping in the back. Then the machine uses radiofrequency waves to ablate the nerve. This is generally not painful.

The procedure is done at each level, as indicated. Usually we are able to do one side at a time, either right side, or left side.

After the procedure, the patient can get up, walk on their own. We suggest the patient takes it easy for the rest of that day. Someone else must drive them home. The patient shouldn't soak, as in a bathtub, for at least 24 hours to avoid infection. Generally patients are able to get back to their normal activity the following day. There may be some soreness where the procedure was done. We recommend gel ice packs for the discomfort, but most patients report that the soreness is not too bad. You may take pain medicine if needed. The nerves that have been ablated, technically speaking, may be able to transmit some pain signaling for up to five weeks after the procedure. Patients generally experience dramatic improvement in the pain after the first week or ten days. After five weeks, the lesions are complete, and we've reached maximum benefit from that procedure.

Nerves do have the ability to grow back. They grow very slowly. A percentage of patients may experience a return of the facet pain, anywhere from 9-12 months later. Patients that have gotten good relief from a radiofrequency neurotomy in the past could have the procedure repeated. The medial branch blocks need to be performed once again, and the same pre-certification process with insurance is required.

SIDE EFFECTS AND COMPLICATIONS

The usual soreness that patients experience after a radiofrequency neurotomy procedure is generally mild and manageable. Many patients will notice a small amount of superficial bruising. A small percentage experience a "neuritis" in the days following the procedure, which is characterized by a burning sensation in the area. It may be mild, like a mild sunburn, and may or may not be red. Rarely patients experience a more severe form of neuritis. The neuritis



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will generally go away on its own inside of two weeks. If it does become bothersome, medication such as gabapentin (Neurontin) can be prescribed and is very helpful for the pain.

Other rare complications would be infection. Extremely rare risks would include bleeding, nerve injury, paralysis, or weakness.

After a radiofrequency neurotomy, the office staff will call you in a couple weeks to follow up. If we miss you at home, please do call us back and let us know how the pain is. Dr. Franiak will request that you follow up in the office in about five weeks. If you have any problems or concerns regarding the procedure, you should call the office at 317-572-2240.