



## Spinal joint RFD procedure

### Introduction

Before being considered for a RFD procedure you should have had targeted spinal joint ('facet') injections, resulting in temporary relief of 50% and more.

A RFD – or radiofrequency denervation – procedure targets small nerves which carry the pain signals from inflamed joints. The nerve function is interrupting by applying targeted heat to the nerve ('nerve burning').

The intention is to achieve longer lasting relief compared to simple steroid injections. While the effect is longer (often 6-12 months and more) the pain will eventually return as the nerves grow back.

A RFD requires less or no cortisone, which minimises side effects of repeat injections.

While the majority of patients (ca. 80%) who had benefit from simple injections will have benefit from an RFD procedure, this does not happen in all cases.

### Repeating RFD procedures

Unless there are other, more effective treatments for pain relief possible a successful procedure can be repeated ca. once annually, after the pain returns to distressing or disabling intensity.

For NHS procedures the local Commissioning Group has separately decided to limit funding for repeats to once every 16 months only, and only for those with an effect lasting for 15 months or more. The treatment is only funded if it leads to

better self-management and/or enables other treatments such as physiotherapy to go ahead afterwards.

### Are there any reasons why I can't have this procedure?

If you have metal implants in the spine (after e.g. spinal surgery) or close to the site of the procedure, or have a heart pacemaker or metal heart valve replacement, an RFD is not suitable as it may heat implanted metal and damage the surrounding tissue.

An RFD procedure will take longer to perform (30-60 minutes) and tends to be more uncomfortable than the joint injections you have had previously. You should judge yourself capable of being able to tolerating this before considering undergoing this procedure. As your conscious response to stimulation is required during the injections we cannot offer sedation or General anaesthesia.

### X-rays and Iodine

X-rays as well as an **iodine**-containing dye may be used to guide the injection. Since X-rays can be harmful in higher doses, we try to keep the dose to a minimum. Please tell us if you have a known allergy to iodine or have recently diagnosed over- or under-active thyroid.

### For Female patients age 13-55

X rays can harm unborn children during pregnancy; by regulation we are required to exclude pregnancy in all women of child-bearing age and for this reason should use X-rays

only within ten days following your monthly bleeding. If you are not within these 10 days you will be asked to do a pregnancy test on the day the procedure (please be aware that the standard urine tests have a tiny chance of failing to detect an existing pregnancy)

If you are unsure, or if there is any chance of you being pregnant you need to tell us **before** coming to hospital (ring 01983 526699), and we will re-schedule your procedure.

## If you have Diabetes

Your blood sugar may increase after this procedure. Diabetic control should be at optimum when having facet/ SI joint injections, so please ask your GP or Diabetes specialist to check this before having the procedure.

If there is a very high blood sugar level on the day of the injection (more 15mmol/L) it may not be safe to proceed. You should plan to monitor your blood sugar concentration carefully for the first few days after the injection and should know how to adjust your anti-diabetic medication.

## How is are facet/SI joint injections carried out?

The procedure is performed as a Day Case. It is done in an operating theatre taking ca. 30-60 minutes to do. You will be ready for discharge usually 1-2 hours later.

Your treatment is performed under local anaesthesia while lying on your stomach (or back for neck treatment). You will

first have numbing injections to reduce the stinging sensation; the nerve endings will be numbed separately before heat is applied; you should not feel much of this 'burning'.

Mild electrical stimulation is used to accurately position the needles and make sure it is not affecting other important nerves close by. This stimulation feels like tingling, buzzing, pressure or pain around the area of the needle; it should not be felt radiating into a limb. Please make you doctor aware if you feel this happening.

## What you need to arrange

You must arrange a friend or relative to take you home afterwards. And you must have an adult with you at home for the first night after the injection who is able to physically support you. If you cannot arrange these two, please bring this to the attention of the Mottistone secretaries (526699). Without these arrangements in place your procedure cannot go ahead.

## Medicines you need to stop some time before having a RFD procedure

Your blood clotting needs to be near normal to safely have and this treatment.

If you take medicines that reduce clotting these usually need to be stopped 5-7 days in advance. Please make your doctor aware of this so that you can receive suitable instructions when to stop, and whether to replace with other treatment.

The following medicines usually need to be discontinued 5-7 days before this procedure:

Aspirin (any dose), Clopidogrel (Plavix), Prasugrel, Abciximab (ReoPro), Dipyridamole (Persantin, Asasantin), Eptifibatide (Integriline), Tirofiban (Aggrastat), Ticagrelor, Warfarin, Acenocoumarol (Sinthrome), Phenindione, Dabigatran (Pradaxa), Elixaban (Eliquis), Rivaroxaban (Xarelto)

## Outcomes and what to do after the injection

Some people (10-20%) find that their pain is a little worse right after the injections. This is completely normal and should be expected. It usually takes a few days to settle down but sometimes can last for several weeks. During this time take regular pain killers and do a little less than you would do normally. Other than standard painkillers, there is no additional treatment to improve this pain increase.

When pain begins to improve, try to be a little more active each day. The secret to increasing exercise is to do it stepwise, patiently and persistently. Don't try and do too much at once - graded activity works best.

You should also stepwise reduce your pain killers while better, starting with the one giving you side effects

It is important to make plans in advance for the period when your pain is better. This will be a passing opportunity for you to increase activity and exercise levels, to undergo repeat physiotherapy and to consider re-activating your social and professional life if these have been restricted by pain. Failure to prepare and follow through with active steps results in short-term limited usefulness of these

## Tracking symptom changes

It is a good idea to keep a pain diary for some time before and after having injection treatment. This can help you and your doctor to document the effect and make decisions about the next steps of your treatment.



While a pen and paper diary is an option, there are a number of Pain Diary Apps available that you can use with a laptop, tablets or mobile phones.

If you have an iPhone or iPad take a look at the Alogea App in the Apple App store. This has been developed by AppToolFactory and Dr Michael Luckmann to help you track and better manage pain medicines.

It's free to download and use for one medicine and symptom.