

What Is Radiofrequency Neurotomy?

AN ADVANCED TREATMENT TO REDUCE PAIN



RADIOFREQUENCY NEUROTOMY IS ONE OF THE ADVANCED TREATMENTS FOR PAIN OFFERED AT THE TWIN CITIES PAIN CLINIC IN EDINA, YIELDING POSITIVE RESULTS FOR PATIENTS WITH CHRONIC NECK OR BACK PAIN.

THERESA PEREZ, OF Shoreview, walked into Twin Cities Pain Clinic last spring wearing the dark sunglasses she wore every day. Both indoors and out, Theresa needed to constantly shield her eyes. She suffered a neck injury January 8, 2008, resulting in never-ending headaches and a strong aversion to light.

“My head felt like a bike tire filled with too much air. The headaches were always between a 9 and 10,” Perez says.

Physical therapy helped ease some of her symptoms, but her headaches persisted, and it was determined she would be a good candidate for radiofrequency neurotomy. “Before the RF [radiofrequency] procedure, I felt like I was 85 years old. Now, I am back to feeling my age [55], and I’m enjoying life — attending my son’s football games for Mounds View High School under the fluorescent lights without feeling the sensory overload I had been experiencing,” she says.

At Twin Cities Pain Clinic, providing patients like Theresa Perez with a comprehensive array of pain management services is an investment in the quality of life for each patient. The mission of the clinic is to take an individual approach to the assessment and treatment of each patient's chronic pain and determine the most successful and beneficial course of therapy.

Radiofrequency neurotomy is one of the advanced pain relief procedures offered by the Twin Cities Pain Clinic. Intended to identify and interrupt the nerves that contribute to chronic pain, the procedure has



proven to be a valuable asset in the treatment of spinal pain that originates from the facet joints. The process of radiofrequency neurotomy begins by identifying

which facet joint or joints are causing the pain. A series of two test injections are performed on separate days. Individual facet nerves are numbed to see if the pain can be temporarily stopped. If the two test injections are both successful at temporarily alleviating the pain, then the painful joint has likely been identified. Statistics show that a patient who has passed both test injections has about an 80% chance of getting pain relief with the final step, which is called radiofrequency neurotomy.

“The radiofrequency neurotomy procedure is performed using a needle that emits radiofrequency waves, which heat up the tiny amount of tissue around the end of the needle,” explains Andrew Will, M.D., Medical Director of the Twin Cities Pain Clinic. “When this needle tip is placed next to the facet

nerves, the heat produced by the needle disrupts the nerve, effectively stopping the pain signal that was coming from the facet joint.”

Once performed, patients can expect pain relief for an average of one year. Should nerve endings repair themselves and result in recurrent pain, the radiofrequency neurotomy procedure can be performed again. The procedure is performed in an outpatient fluoroscopy suite and is typically completed in less than 30 minutes. The procedure is performed with mild intravenous sedation, and it is generally well tolerated. Most patients feel they are able to resume their usual activities within a few days.

The Full Spectrum of Chronic Pain Care

At Twin Cities Pain Clinic, procedures such as radiofrequency neurotomy function as one piece in a broad spectrum of pain care. For each patient, treatment begins with individual assessment and progresses through conservative options, including physical therapy and injection treatment. If less-invasive care options have been exhausted, pain relief procedures and minor surgeries become realistic options for relief. Employing this approach, physicians and staff members at the clinic can identify which treatment may work best for each patient and avoid unnecessary procedures.

“Our mission is to find the best solution for a patient's pain,” explains Dr. Will. “Many patients come to us thinking there is nothing else that can be done for their pain. However, as we discuss their situations, we often find that they have not even heard about many of the pain therapies. We pride ourselves on being a resource for them to explore all the available options.”

For more information about the Twin Cities Pain Clinic, visit www.twincitiespainclinic.com. ■

PAIN MANAGEMENT GLOSSARY

- + **Postural restoration:** A physical therapy technique that restores a neutral posture to alleviate back and neck pain
- + **MedX:** State-of-the-art, computerized exercise equipment that isolates muscles of back and neck to increase strength and flexibility
- + **Craniosacral therapy:** This alternative medicine approach involves gently working with the spine and skull — and its cranial sutures and fascia — to ease the restrictions of the nerve passages
- + **Epidural steroid injections:** Delivers local anesthetic and steroids to the surface of the spinal column closest to the problem area
- + **Facet joint injections:** Treats the source of irritation in the small joints of the spine by injecting steroids inside each of these joints
- + **Medial branch blocks:** An injection given to temporarily block pain coming from a facet joint — typically done as a trial to determine if a patient is a candidate for radiofrequency neurotomy
- + **Radiofrequency neurotomy:** Radiofrequency waves emitted through a needle ablates the nerves causing pain
- + **Neurostimulation:** An implanted device, which generates mild, electrical pulses through leads placed along the spinal cord to block pain messages
- + **Intrathecal pain pump:** An implantable pump and catheter inserted in the intrathecal space of the spine to deliver medication at constant or variable flow rates

Learn more about these treatments at twincitiespainclinic.com/pain_management.php.