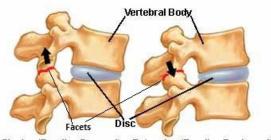
Thoracic Radiofrequency Ablation (RFA)

What is a facet joint pain?

The spine is made of vertebrae, which makes up the spine. The vertebrae are connected to each other with facet joints, which allows the bending and rotational spine movements. As the joints become inflamed and irritated, there is a small medial branch nerve that transmits the pain signal from the joint to the brain. Furthermore, spine pain may worsen during the extension of spine.

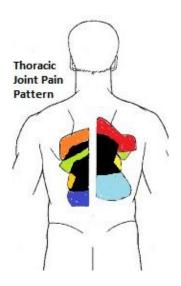
Facet Joints in Motion



Flexion (Bending Forward) Extension (Bending Backward)

What are the indications of thoracic RFA?

Among many indications the listed are the main indications: spondylosis, spondylolisthesis, arthritis, osteoarthritis, spondyloarthritis, mid-back pain, failed back surgery syndrome. Furthermore, patient must have received temporary > 50-60% pain relief from the previous thoracic medial branch blocks before they are considered candidate for the thoracic RFA.



How does thoracic RFA bring pain relief?

The pain is produced due to inflammation thoracic facet joint which is transmitted via medial branch nerve to the central nervous system. By ablating the medial branch nerve via radiofrequency waves, this results in decreased mid-back pain caused by the facet joints.

What are risks for the thoracic RFA?

Among many, here are few listed: increased pain, infection, bleeding, nerve damage, weakness, neuropathy, numbness.

How is the thoracic RFA performed?

After sterile preparation of the thoracic region, the injection site is localized under X-ray. Following the local anesthetic applied to the injection site, which can help decrease the injection site pain, and then the special radiofrequency needle is guided toward the target thoracic facet joint with the help of X-ray. After the target is reached, the area is stimulated with to rule out any thoracic nerve root involvement. Thereafter, small amount of local anesthetic with steroid is injected for **to minimize post-ablation procedure pain**, and then the radiofrequency ablation is performed. Lastly, the needle is taken out at the end of the procedure.

What to expect after the thoracic RFA?

This is an **outpatient procedure**. Patient should expect to receive full relief over the 10 day period. In some patients it may take up to 2 weeks for the full effect.

How long the relief from the thoracic RFA would last for?

It varies from patient to patient. Usually, the relief can last from 6-12 months.

Do the medial branch nerves ever grow back? And can the thoracic RFA procedure repeated?

Yes, the medial branch nerves do grow back. Yes, the RFA can be repeated in order to achieve the previous pain relief. It is to be noted that the patient may have to repeat the thoracic medial branch blocks to confirm the source of the pain in order to repeat the thoracic RFA.

Please tell your pain physician if you are taking any blood thinners. For example: Coumadin, Plavix, Heparin, Lovenox and etc. The blood thinners need to be stopped before the interventional procedure, and the time frame will be prescribed by your pain physician.