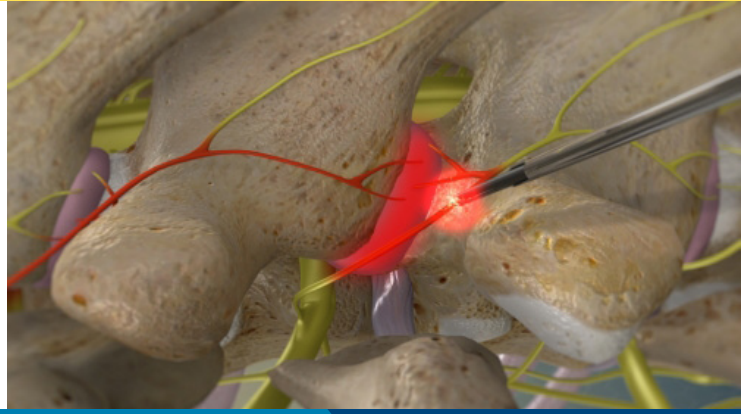


Thoracic Facet Rhizotomy/ Radio-Frequency Ablation



A thoracic facet rhizotomy is intended to provide pain relief by blocking the pain signals that the nerves joints send to the brain. This procedure is reserved for those who have already had at least one or two injections (medial branch blocks) and have identified the exact source of the pain.

Duration

30 minutes

How is it performed?

Prior to the steroid injection, you will be positioned on your stomach. The site of the injection will be cleansed, and your physician will administer a dose of local anesthetic to numb the area. Under the guidance of fluoroscopic x-ray, your physician will insert a needle with an electrode at the tip alongside the nerves to the facet joint. Using radiofrequency, the electrode is heated and cauterizes the nerve ending, which blocks the pain signals from reaching the brain. Each joint has two nerves, so this will need to be done twice or perhaps more depending on the number of sites to be treated. Your vital signs will be monitored for the duration of the procedure.

Prior to your procedure

You will have the option of receiving no sedation or:

- oral sedation – or –
- intravenous sedation

If choosing sedation, you must not eat for six hours or drink anything for four hours before the procedure.

You should continue taking all medications except blood thinners before the procedure. Please see your medication handout to know when to hold and resume these medications.

[more on back](#) ▶

Conditions treated

You may benefit from a thoracic facet rhizotomy if you suffer from:

- Spondylolisthesis
- Thoracic Facet Syndrome
- Spondylosis
- Chronic middle back pain
- Chest wall pain

To schedule a procedure

Please contact the nurse navigators to schedule any procedure.

- for McCullough-Hyde Ross Medical Center, call 513 246 7182*
- for Good Samaritan Hospital and Bethesda Surgery Center, call 513 246 7958*

*Please note these numbers are for scheduling only

To ask other questions

Please call 513 246 7000. Select Option 3 three times.

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◀ continued from front

What are some of the risks and side effects?

This procedure is a relatively safe, non-surgical treatment, with minimal risks of complications. Some of the most common or possible side effects are:

- Weakness that may or may not be permanent
- Neuroma
- Numbness
- Infection
- Increased pain
- Lack of pain relief

It is important to be sure that your treating physician has a current list of allergies and medications to help reduce risks during the procedure. Any and all side effects from the procedure should present within the first 24 hours following the procedure.

What to expect after the procedure

You may experience some soreness, bruising or swelling at the injection site. Most patients are able to return to their normal activities the day after the procedure. To ease the soreness, you can use ice and non-steroidal anti-inflammatory drugs (NSAIDs). This usually resolves in a week, but can last up to 3 weeks.

You should not drive or engage in physical activity for 24 hours following the procedure.

You should resume all medications and regular eating habits immediately. Please see your medication handout for instructions on resuming blood thinners or ask your doctor.

You should call your doctor if you experience a fever over 101 within 72 hours of the procedure.