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## PROCEDURE NAME

Rhizotomy (Lumbar or Cervical)

## PROCEDURE CODE

5616 (Lumbar), 5617 (Cervical)

## INTRODUCTION

Rhizotomy (also called facet medial branch neurotomy) is a day-case procedure to treat back / neck pain. It involves placing needles in the back or neck under x-ray guidance to destroy the small nerves that look after the facet joints in the lower back or neck. This can help ease the pain from these joints. It is a common pain procedure which is performed usually after positive diagnostic blocks. It does not affect any movement in the leg.

## FACET JOINT PAIN

The facet joints are small joints that connect the vertebrae in the spine. These joints can develop arthritis which can lead to back and neck pain. Arthritic facet joints are responsible for 10-20% of all long-term back and neck pain, and up to 40% of back and neck pain in those aged over 65 years.

Facet joint pain is usually a dull, aching pain, worse in the low back or neck. The pain often radiates into the buttocks and thighs from the back. The pain tends to be worse with activity and less at nighttime. In the neck, the pain can radiate to the shoulder blade and arms but not usually below the elbow.

## BENEFITS

Unlike rhizolysis, it gives long-term pain relief sometimes for up to 2 years, but on an average of 8-12 months. It can take up to 4 weeks to feel the full effect of the injection. Taking advantage of this long window of pain relief can allow you to engage in more exercise and physiotherapy.

## **SIDE EFFECTS/RISKS**

### **Common risks**

- Bruising and tenderness at the site of injection is common.
- You can have a flare-up of pain after the procedure for approximately 1 week. It is important to keep moving during this time and you may have to take more or stronger pain killers for a short period of time.
- In some cases, procedure may not help, or you might need a second procedure if your pain area is extensive. You have a 75% chance in general that it will help you.

### **Rare Risks**

Long term consequences are negligible. The rare risks are:

- Damage to the nerves to the legs: This is a very rare complication (less than one in 10,000). This could result in a painful, numb or weak leg which on rare occasions can last a long time (weeks to months). Permanent nerve damage is also possible (although even more rare).
- Damage to the spinal cord: This is even extremely rare.
- Headache
- Dangerous bleeding around the spinal cord
- Infection
- Enduring numbness

## **BEFORE THE PROCEDURE**

- You will be required to fast for 6 hours prior to your admission from food.
- You will be required to fast for 2 hours prior to admission from water.
- Take your normal medications on the morning of your procedure.
- Please contact my office immediately if you are currently taking blood thinners such as **Xarelto (Rivaroxaban), Eliquis (Apixaban), Plavix (Clopidogrel), Pradaxa (Dabigatran) or if you are pregnant.**
- Please also advise if you are taking any diabetic medication.
- Upon admission, the procedure will be discussed with you again and you will be asked to sign a consent form.

## **THE PROCEDURE (30 MINUTES)**

- This is carried out in theatre, and you will be offered sedation through an injection into the back of your hand to help you to relax.
- Your injection site will be cleaned with an antiseptic solution. Sterile sheets will then be placed around the area. A local anaesthetic will be injected to numb the area.



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- X-ray/Ultrasound will be used to ensure proper positioning of the injecting needle. You may feel a bit of pressure and a sting in the area.
- If you feel any discomfort during the procedure, please tell a member of the theatre team.
- Once completed, a plaster will be placed over the injection site, and you will then be taken to the recovery area.

### **AFTER THE PROCEDURE**

- In the recovery area, you will be observed for 30 to 60 minutes.
- You need to have somebody to accompany you home.
- Do not stop your usual pain killers.
- The plaster can be removed after 24 hours, and you can then have a bath or shower as normal. Before the plaster is removed, avoid getting the injection site wet.
- Re-engage in physical activities as soon as you can.
- You will be contacted about a follow-up appointment for 4-6 weeks' time, or you can book directly by visiting [www.drdeborahgalvin.ie](http://www.drdeborahgalvin.ie)

It is important to remember that it can take up to 4 weeks for the pain relief from a rhizotomy to be felt fully and that while the average duration of relief from a rhizotomy is around 1 year, it can vary from 3 months to over 2 years. The procedure can be safely repeated many times afterwards if you have experienced a good result.

Please report immediately to your GP / my office or attend Emergency Department if you have serious concerns outside office hours.