

PATIENT EDUCATION

MEDIAL BRANCH BLOCK & RADIOFREQUENCY ABLATION

- 1** WHAT IS A MEDIAL BRANCH BLOCK (MBB)?
- 2** WHAT CAN I EXPECT DURING A MEDIAL BRANCH BLOCK?
- 3** WHAT IS RADIOFREQUENCY ABLATION (RFA)?
- 4** WHAT CAN I EXPECT DURING RADIOFREQUENCY ABLATION?
- 5** WILL A MEDIAL BRANCH BLOCK OR RADIOFREQUENCY ABLATION HELP MY PAIN?

1

WHAT IS A MEDIAL BRANCH BLOCK (MBB)?

The medial branch nerves are pain nerves that send pain signals from the facet joints, or the joints on the back portion of the spine that connect each segment of the spine. A medial branch block (MBB) is a diagnostic injection used to determine if the facet joints are a source of pain in the cervical, thoracic or lumbar spine. It is the only way of accurately diagnosing or “mapping out” precisely which joint levels in the spine are your cause of chronic pain. There are two nerves that send pain from each facet joint. One from the level above and one from the level below the joint. It’s also important to know that there are two joints, one on either side, at each level of the spine. Both sides are typically affected by degeneration equally and are typically treated at the same time.

2

WHAT CAN I EXPECT DURING A MEDIAL BRANCH BLOCK?

For a MBB, you have the option of light sedation during your procedure. Using x-ray video (fluoroscope) your doctor will identify the precise location to be targeted. The skin is then numbed with local anesthetic and a needle is placed under x-ray video guidance over the targeted nerves. Once the nerve is reached, a small amount of anesthetic is injected to “block” the nerve. Following a short recovery period, you will be allowed to go home. If you experience significant (greater than 80%) reduction of pain for at least two hours, then the facet joint is identified as a major source of pain.

This is the only and most accurate technique to diagnose facet joint pain. **This is important because it will determine if you are a good candidate for the Radiofrequency Ablation (RFA) procedure.**

3

WHAT IS RADIOFREQUENCY ABLATION (RFA)?

RFA is a brief, minimally invasive procedure used to treat chronic, arthritic pain involving the joints of the spine. A radiofrequency current is applied through a probe, heating the targeted nerves, and effectively blocking its pain signals. The onset of pain relief from RFA varies from days to up to six weeks. A very small percentage of patients may experience a short period of “sun burn” feeling after the RFA.

4

WHAT CAN I EXPECT DURING RADIOFREQUENCY ABLATION?

For RFA, you have the option of light sedation during your procedure. Using x-ray video (fluoroscope), your doctor will target the nerves determined to be effective treated by the MBB. The skin is numbed with local anesthetic, and a special needle (cannula) will then be directed to the median branch nerve. Then a small electrode is directed through the cannula to stimulate the nerve. Following a short recovery period, you will be allowed to go home.

WILL A MEDIAL BRANCH BLOCK OR RADIOFREQUENCY ABLATION HELP MY PAIN?

MBBs are performed initially to determine whether the RFA procedure will likely be effective. You will be evaluated following MBB to determine whether you experienced significant short-term relief. If so, then you are likely a good candidate for RFA. It is important to note that the pain relief with MBB is only expected to be temporary. However, some patients do experience longer lasting pain relief after the MBB.

RFA is a longer-term solution, providing relief that can last from several months to years with most patients experiencing around nine months of relief. Unlike many other treatments that may be limited by the side effects of medication, RFA is well established with substantial research and clinic practice to be a procedure that can be safely and effectively repeated if needed with sustained relief. For someone experiencing pain all coming from degenerative joints in their spine, they may experience complete pain relief with RFA treatment. Others that have more than one cause of pain may need to consider additional treatment. For more information, ask your pain doctor about either MBB or RFA.