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## Radiographic Changes Following Radiofrequency Denervation

Recently we described radiographic changes following cervical facet joint radiofrequency denervation (RFD). In this issue of our newsletter we would like to share a case report we recently published in *The Spine Journal*, Nov/Dec 2005. We continue to believe radiofrequency neurotomy (denervation) of the cervical and lumbar zygapophyseal (facet) joints is a safe and effective method of pain control for many patients.

Indications for RFD include pain stemming from facet joint arthropathies or spondylosis. Whiplash injuries may also respond to RFD. Typically, prior to denervation a diagnostic block is performed with local anesthetic to ascertain whether neurolysis of the corresponding nerves will provide long-term relief. It is the authors' experience that although patients may experience excellent relief following RFD, the procedure may need to be repeated every 1-2 years since the nerves are postganglionic and can slowly regenerate.

The technique of facet nerve block is identical to that of RFD except that with RFD, insulated needles are placed next to the

respective nerves with a 5-10 mm active exposed tip adjacent to the nerve. Through the use of radiofrequency waves, heat is created at the active tip and a thermal injury is created onto the nerve and surrounding structures (Fig. 1).

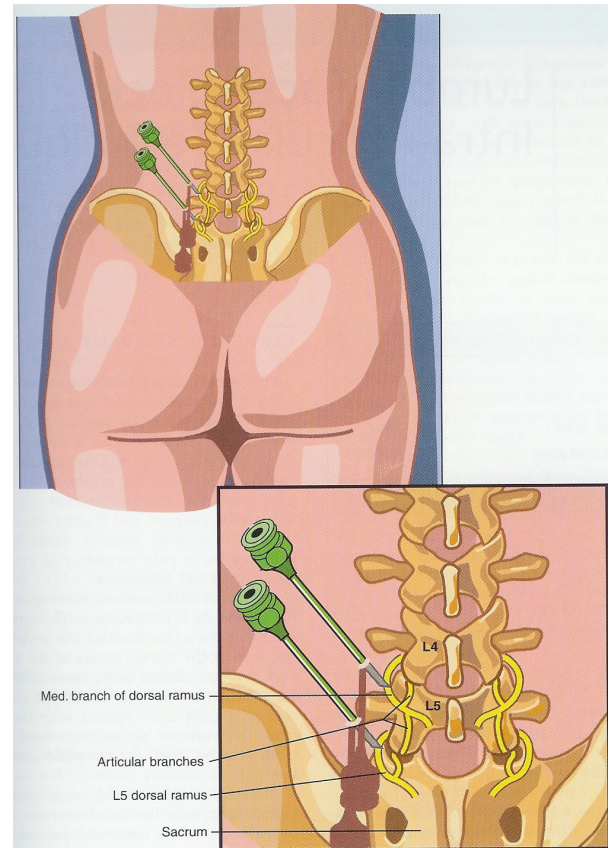


Fig.1. Needle placement shown for lumbar facet block (and radiofrequency denervation).

*For Information and Referrals:*

**(610) 954-9040**

*Caring*

*Compassion*

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