



Medial Branch CryoRhizotomy





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What is it?

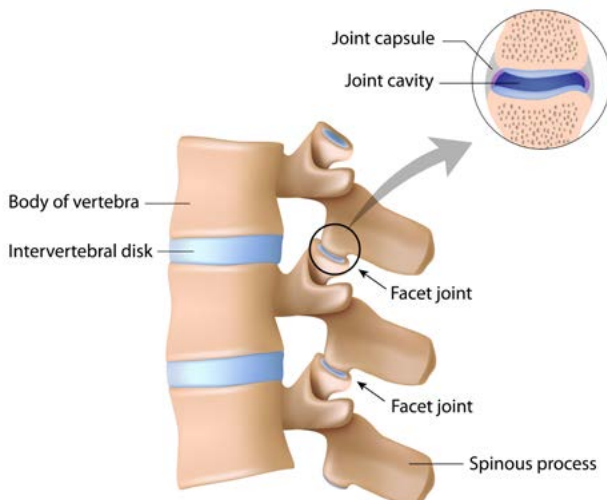
Medial Branch cryorhizotomy is a procedure to treat spinal pain (usually in the lower back or neck). It involves placing needles in the back under x ray guidance to freeze the small nerves that supply the facet joints in the lower back. This takes away the pain from these joints. It is a common pain procedure which has been well studied.

What is facet joint pain?

The facet joints are the small joints that connect the vertebrae in the back (see picture below). These joints can get arthritis in them leading to back pain. Painful facet joints are responsible for 10-20% of all long-term back pain, and up to 40% of back pain in those aged over 65 years.

Facet pain is usually a dull, aching pain, worse in the affected area (neck or back). The pain often radiates into other areas (e.g. shoulders, buttocks, or thighs). This radiating nature means it is sometimes mistaken for "sciatica". The pain tends to be worse with activity and lesser at night time. It is more common in older people but can also occur in the young.

FACET JOINTS →





What is done before the CryoRhizotomy?

Often a "test injection" is done to determine if your pain is coming from the facet joints before the rhizotomy itself is done. This could be a medial branch block or a facet joint injection. These procedures aim to numb the joint temporarily to see if this is the source of your pain. Medial branch blocks numb the nerve that supplies the joint for around 12 hours. Facet joint injections are less useful at identifying if the joint is the source of your pain, but the anti-inflammatory steroid that is injected, can settle down pain for weeks to months. These injections are also done in an operating theatre with x-ray guidance and sedation. These injections are simple, low risk procedures.

Sometimes, if you have a "good story" for facet pain, or a previous good response to facet joint injection, your doctor may go direct to a rhizotomy without test injection. The advantages of this include; having only one procedure instead of two, faster pain relief, and it can be more convenient, and not missing anyone who does not benefit from the test injection but still would have benefited from the rhizotomy (the test injection does not perfectly detect all patients who might benefit from rhizotomy). The disadvantage is that without the test injection, a patient takes the small risks of the rhizotomy with a lower chance of benefit.

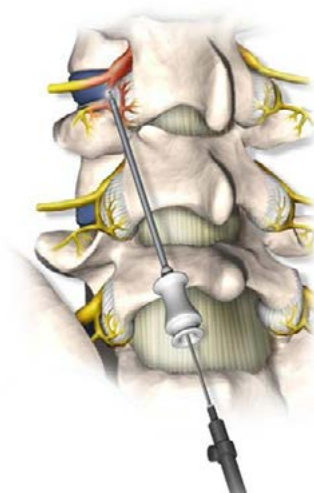
You will need to be fasted on the day of the procedure due to the anaesthetic.

How is the procedure done?

The procedure is done in an operating theatre, with medication to make you very sleepy but not totally knocked out. You will lie on your front on an x-ray operating table.

Local anaesthetic numbs the back. A probe is inserted into your back and guided to the correct area using X-ray. Carbon dioxide is passed through the probe, forming an "ice ball" at the tip of the probe, for 1-3 minutes.

The procedure takes 30-60 minutes, and you will go home the same day.



← THE MEDIAN BRANCH NERVES



Who is not suitable for this procedure?

- *Patients who are on blood thinning medication (other than aspirin) may need to cease them temporarily.*

What are the benefits of the procedure?

After a positive medial branch block, between a half and two thirds of patients will get a good response to a rhizotomy. After a "direct" rhizotomy (no test injection) this is closer to one third.

A good response is a 50% or greater reduction in pain. Some people have multiple causes of back pain (e.g. pain coming from the discs) – and rhizotomy will only help facet joint pain.

Some patients obtain complete relief of pain. Often patients also have an improvement in function – they can walk more easily and do more of their normal activities.

Depending on your individual case, your doctor may recommend a "thermal" rhizotomy which involves a heat treatment to the nerve, or a CryoRhizotomy which involves freezing the nerve. You can discuss with your doctor which procedure might be more appropriate for you. From time to time we find some patients respond better to one better than the other.

It is important to know that it can take up to 4 weeks for the pain relief from a rhizotomy to "kick in".

The average duration of relief from a rhizotomy is around 1 year. This can range from 3 months to over 2 years. The procedure can be safely repeated many times afterwards in the setting of a good result.

What are the risks of the procedure?

The common risks are:

- The procedure may not help all patients with pain in this area.
- Temporary increase in pain: Some people have a flare of pain after the procedure, usually for only a few days but this may last 1-2 weeks. On rare occasions this may last up to 12 weeks. Increased pain longer than this is extremely rare.

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 extremely rare.
- Headache.
- Dangerous bleeding around the spinal cord: Very rare.
- Infection: This is very rare.
- Complications of the anaesthetic – such as breathing problems or pneumonia.



PainScience

Ground Floor, Prime House
8 Davidson Terrace, Joondalup WA 6027
t 08 6205 7104 | painscience.com.au

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