



An Innovative Approach to Pain Management

A radiofrequency ablation (RFA) is an innovative, safe solution to reduce pain felt from arthritis or injuries to the spinal facet joints. The procedure is recommended for patients who experience neck or back pain and have had the site of pain confirmed by branch block injections. During the procedure, patients are placed under local anesthesia as our physicians use an electrical current to cauterize targeted nerve tissues. In correctly selected patients, this procedure should provide relief for 6 months to 2 years, and many patients report having a high satisfaction with the outcome.

University Orthopedics is a regional referral Center for Orthopedics, Sports Medicine and Rehabilitation. Our board-certified physicians can help patients address their back and neck pain, joint pain, sports medicine problems, shoulder conditions, pediatric orthopedics, musculoskeletal tumors, hand and wrist problems, hip and knee conditions, trauma, and foot and ankle injuries. These specialists are faculty members of the Department of Orthopaedics at the Warren Alpert Medical School of Brown University, and they take an active role in teaching medical students, orthopedic residents, and fellowship sub-specialty surgeons. University Orthopedics leads the way with basic and clinical orthopedic research on the latest advances in orthopedic surgery and injury prevention. Call 401-457-1500 to schedule an appointment.

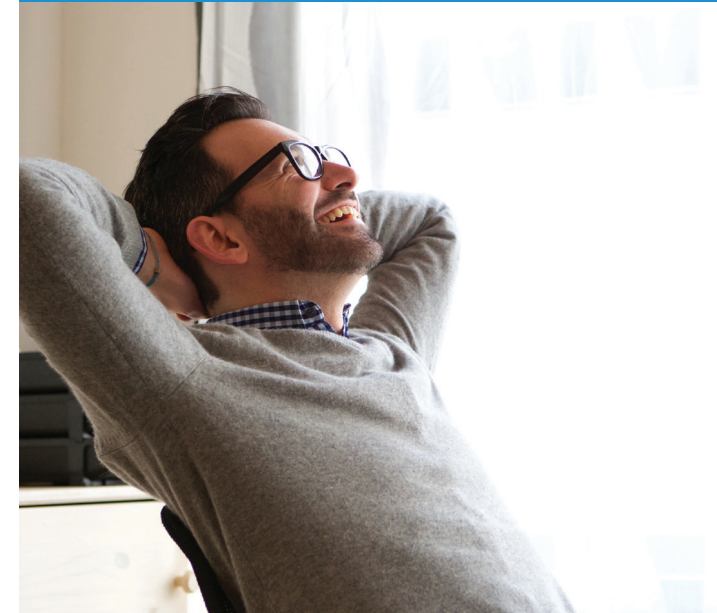


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Radiofrequency Ablation

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COMFORTABLY



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The Procedure is Well Established

Physicians have been performing radiofrequency ablations for decades because it has been proven to be an effective, and safe method to relieve pain. The procedure involves finding the joint that is causing pain and targeting its nerve supply for interruption. Afterwards, a small insulated needle or RF cannula is positioned next to these nerves with the assistance of fluoroscopic guidance (X-Ray) to cauterize the nerves controlling the joint pain.



A Process that is Simple

Radiofrequency ablation is usually completed in 30-45 minutes, and typically involves these steps:

Patients lay on the procedure table with their stomach facing down.

The procedure site is cleaned and covered with a special sheet to help keep the area sterile.

Our team measures the patient's blood pressure and heart rate.

Medical personnel numb the area with a local anesthetic.

Patients remain awake as doctors use an X-Ray to place the RF cannula next to the nerves controlling the joint pain.

The RF generator heats the tip of the cannula to 80° Celsius for 90 seconds.

The numbing medication can make your leg or arm weak for 6-12 hours, which is why you need to have someone drive you home.

Returning to Regular Life After the Procedure

Patients can go back to work within 24 to 72 hours after the non-surgical, minimally invasive procedure is completed. Immediately after the RFA procedure, patients may experience some discomfort as the local anesthesia wears off which some patients have described as an aching pain or skin irritation. These symptoms typically improve on their own within a few days and are well managed with cold packs and acetaminophen, although some patients may feel discomfort for several weeks. Most patients can resume their regular activities soon after the procedure, as the underlying pain usually resolves within hours to days. A variety of sensations are possible for a few weeks as the body adjusts to the procedure. A University Orthopedics provider will schedule a follow up to assess the procedure results after 1 month.

What should I expect after RFA?

After the discomfort from the procedure wears off, pain relief may last anywhere from 6 months to 2 years depending on the individual patient and their medical history. Patients may consult with our physicians for another RFA procedure as needed if patients begin to experience pain after the targeted nerve has healed.

Possible Complications Associated with RFAs

Radiofrequency ablation procedures are safe and carry a minimal risk for complications. Some complications from this procedure include temporary increase in pain, neuritis, neuroma, localized numbness, infection, allergic reactions to medications, and lack of pain relief.