

PATIENT EDUCATION SHEET

Radiofrequency Genicular Neurotomy



What is a radiofrequency genicular neurotomy?

Radiofrequency genicular neurotomy is a non-invasive procedure that uses radiofrequency technology to safely ablate chronic knee pain by disabling the sensory nerves (genicular nerves) to the knee joint. If you obtained short term relief from genicular nerve blocks, long-lasting relief may be obtained with radiofrequency genicular neurotomy.

What is involved in a radiofrequency genicular neurotomy?

A radiofrequency genicular neurotomy is a minimally invasive procedure performed in the Interventional Procedure Centre (IPC) of North Shore Private Hospital as a day procedure. The IPC is located in Royal North Shore on level 4.

Your procedure will involve you being given intravenous sedation by an anaesthetist to help you relax during the procedure. Specialised x-ray equipment allows your doctor to safely place a needle near the nerves, a radiofrequency electrode is then inserted and the position checked by administering an electric current. You may feel tingling, tightness or pressure in the area of your usual pain and pulsing in your muscles. If you feel pulsing in the arm or leg, the needle will be adjusted slightly.

Local anaesthetic is then injected through the needle and the radiofrequency electrode is used to heat the nerve adjacent to the needle. After the treatment more local anaesthetic mixed with steroid is injected to give post-operative pain relief and the needle is removed.

Before my procedure

You will be contacted by North Shore Private Hospital the night before your procedure to be given instructions about admission times and fasting.

Medications

Please inform your doctor if you are taking any medication that affects blood coagulation (clotting). These include fish oil, warfarin, aspirin, Iscover, clopidogrel (Plavix), asasantin, persantin and Pradaxa. These medications may need to be ceased. Please read the Preoperative Medication Instructions Category B Pain Procedures that have been given to you.

After my procedure

Following your procedure, you will spend a short period of time in the recovery ward before being discharged home. You must arrange to have someone drive you home due to the anaesthetic you received during the procedure.

It is common for there to be some increased pain in the days and weeks following the procedure, and extra pain relief may be required. It may take up to 3-4 weeks to feel benefit from the neurotomy. Pain relief lasts on average between one and two years as the nerves grow back. If the pain returns, the procedure can easily be repeated.

The day after your procedure you may return to driving, work and your normal diet and fluids. Please remove your dressing and monitor the procedure site until healed.

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Important information

Please inform your doctor if you are pregnant or breastfeeding; diabetic or taking any blood thinning medications.

You may have some numbness and weakness surrounding your normal painful area and procedure site for the hours after your procedure due to the local anaesthetic given (this will resolve but please contact us or your local GP if you are concerned).

Although every medical procedure carries risk, serious complications are rare. Pain after the procedure is common and usually settles in 1 to 2 weeks. Persistent pain is uncommon. Bleeding, infection and nerve damage are also uncommon risks.

It is normal to be tender at the procedure site for a short period of time after the procedure. It is normal for the pain relief from the block to only last for 4-12hrs after the procedure and for your underlying pain to increase in the days after the procedure.

There are risks with any procedure you undergo, and some are more common than others. The risks associated with radiofrequency genicular neurotomy include infection; exacerbation of your pain following the procedure (this is usually transient, but may persist); and transient leg weakness may be present due to local anaesthetic injected during the procedure (this will usually settle in the hours following the procedure. However, there is a very small risk of prolonged nerve damage leading to numbness, weakness or pain).

Please contact your local GP or the rooms if you have any allergic reactions to the medication administered in hospital, signs of infection at your procedure site (yellow discharge, abnormal pain, heat, swelling or a temperature), severe headache, severe pain at procedure site or any questions or concerns.