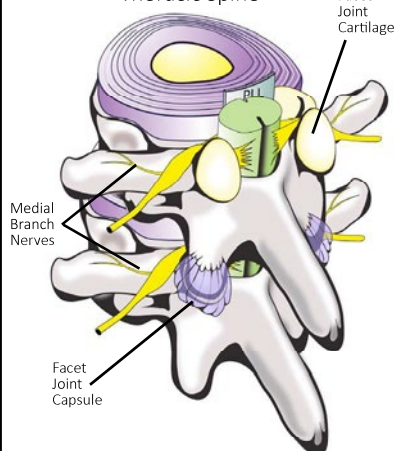


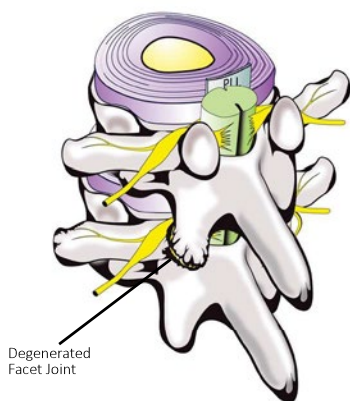
THORACIC RADIOFREQUENCY ABLATION (RFA)

For Chronic Upper & Mid Back Pain

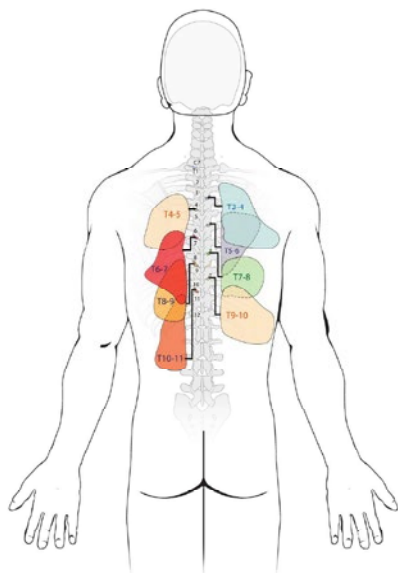
Normal Anatomy of the Thoracic Spine



Degenerated Thoracic Facet Joints



Thoracic Facet Joint Pain Patterns



A thoracic radiofrequency ablation (RFA) is an outpatient procedure for treating upper and middle back pain. It is also called thoracic facet thermal coagulation or rhizotomy.

What are thoracic facet joints?

Facet joints connect the vertebrae, the bones of the spine. They help guide your spine when you move. The section of your spine between your neck and low back is called the thoracic region. It contains twelve vertebrae.

Facet joints are found on both sides of the spine. Each is about the size of a thumbnail. Thoracic facet joints are named for the vertebrae they connect and the side of the spine where they are found. The right T4-5 facet joint, for example, joins the 4th and 5th thoracic vertebrae on the right side.

Medial branch nerves are found near facet joints. They communicate pain from the facet joint. They tell the brain when facet joints have been injured.

What is thoracic facet joint pain?

You may feel pain if a thoracic facet joint is injured. Sometimes it feels like muscle tension. Other times it can be severe pain.

The cartilage inside the joint may be injured. Other times only connecting ligaments surrounding the joint are injured.

Facet pain also depends on which joint is affected. Thoracic facet joint pain can occur in an area from your upper back and shoulder down to your hips. The diagram shows areas of pain usually associated with thoracic facet injuries.

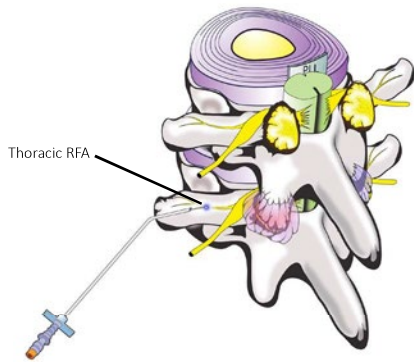
How do I know if I have thoracic facet pain?

If you have pain in one or more of these areas, and it has lasted longer than two months, you may have thoracic facet pain.

Common tests such as x-rays or MRIs may not always show if a facet joint is causing pain. The best way to diagnose facet pain is to block the pain signal in a medial branch nerve with a local anesthetic (numbing medicine).

What is a thoracic RFA?

RFA uses radiofrequency energy to disrupt nerve function. When this is done to a thoracic medial branch nerve, the nerve can no longer transmit pain from an injured facet joint.



What happens during an RFA?

A local anesthetic will be used to numb your skin. The doctor will then insert a small needle near the facet joint. Fluoroscopy, a type of x-ray, must be used to position the needle. The doctor will then check to make sure it is at the correct nerve by stimulating it. This may cause muscle twitching and provoke some of your pain.

Once the needle is properly placed, the nerve will be numbed. Radiofrequency energy will then be used to disrupt the medial branch nerve. This is often repeated at more than one level of the spine.

What happens after an RFA?

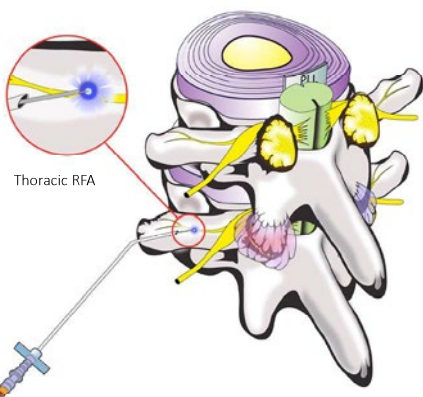
You will be monitored for up to 30 minutes after the RFA. When you are ready to leave, the staff will give you discharge instructions. You will also be given a pain diary. It is important to fill this out because it helps your doctor know how the RFA is working. Take it easy for the rest of the day.

You may feel sore for one to four days. It may be due to muscle and nerve irritation. Your back may feel numb, weak, or itchy for a couple weeks. Maximum pain relief normally comes in two to three weeks, but can take as long as six to eight weeks.

How long can I expect pain relief?

Nerves regenerate after an RFA, but how long this takes varies. Your pain may or may not return when the nerves regenerate. If it does, another RFA can be done.

This pamphlet is for general education only. Specific questions or concerns should always be directed to your doctor. Your doctor can explain possible risks or side effects.



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