

## **CERVICAL MEDIAL BRANCH RADIOFREQUENCY ABLATION WITH FLUOROSCOPY**

**PROCEDURE:**

- 1)   A   medial branch radiofrequency ablation
- 2) Fluoroscopic needle guidance

**REASON FOR PROCEDURE:** Cervical arthropathy and pain

**PHYSICIAN:**

**MEDICATIONS INJECTED:** Before the ablation, 1 mL of 1% lidocaine was injected at each level. After the ablation, 1 mL of Depo-Medrol was divided between the radiofrequency sites. Then 1% lidocaine was injected as the needle was removed to numb up the track.

**LOCAL ANESTHETIC INJECTED:** 4 mL of 1% lidocaine per site

**SEDATION MEDICATIONS:** None

**ESTIMATED BLOOD LOSS:** None

**COMPLICATIONS:** None

**TECHNIQUE:** Time-out was taken to identify the correct patient, procedure and side prior to starting the procedure. Lying in a prone position, the patient was prepped and draped in the usual sterile fashion using DuraPrep and a fenestrated drape. The levels were determined under fluoroscopy. Local anesthetic was given by raising a skin wheal and going down to the hub of a 27-gauge 1.25-inch needle. A 20-gauge, curved, 100 mm (10 mm active tip) Stryker radiofrequency needle was introduced to the anatomic location of the medial branch at the lateral masses utilizing intermittent fluoroscopy. Motor stimulation up to 2 volts was done to confirm no ablation of the ventral ramus at each level. 1 mL of 1% lidocaine was then injected slowly at each level. After waiting 30-60 seconds, ablation was performed utilizing a Stryker Multigen radiofrequency generator at 80 degrees C for 90 seconds. The needles were then pulled back slightly and a second ablation was done at 80 degrees C for another 90 seconds. After the ablation, the above injectate was given at each level.

The procedure was completed without complications and was tolerated well. The patient was monitored after the procedure. The patient (or responsible party) was given post-procedure and

discharge instructions to follow at home. The patient was discharged in stable condition. A follow-up appointment was made.

**Pre-procedure pain score: 9/10**

**Post-procedure pain score: 0/10**

**Notes:** Talk about relief since last injection, or any interim events if you haven't seen them in clinic since the last injection, or improved function examples. Maybe mention a particular positioning change for that patient or that they were especially sensitive to the lidocaine sticks. Add anything that will help you on your next injection.