

John F. Dombrowski, MD,PC

A Specialist in Pain Medicine

3301 New Mexico Avenue NW
Washington, DC 20016

Telephone: 202-362-4787
Email: dcpaindoc@aol.com

RADIOFREQUENCING ABLATION PROCEDURE

1. What is a frequencing ablation?

Radiofrequencing ablation is ability to burn or temporarily destroy nerves that cause pain. This is essentially done when local anesthetic steroid injections do not provide the patient with long term benefit. Radiofrequencing ablation has been done for over 30 years and has a very safe track record. With the use of radiofrequencing ablation the nerves are burned or destroyed so that there is no further perception of pain, as the benefit of pain relief of radiofrequencing ablation should be at least between 4-12 months. We have determined in the medical literature that nerves always regenerate. This is why the procedure will need to be performed again within that timeframe.

2. What is involved?

Radiofrequencing ablation involves the placement of a pencil-like “heater probe”. This heater probe uses the same technology as a microwave oven. At the tip of the heater probe are high frequency radio waves. These high frequency radio waves produce an energy, that is essentially heat. This heat is then targeted on specific nerves or an area that needs to be ablated for pain relief.

3. How long does the procedure take?

The procedure takes depending on the patient’s anatomy approximately 15 minutes. It is traditionally done in an outpatient surgical setting. The patient also usually receives IV sedation for their comfort. After the anesthesiologist has started the IV then brought to a fluoroscopy/procedure suite. The patient is usually placed on a prone (belly down) position. The area that is to be ablated is cleaned with an antiseptic solution. After a proper level of IV sedation has been obtained, the area to be ablated is injected with local anesthetics. The local anesthetics are again to make the procedure more comfortable for the patient.

Then, the radiofrequencing cannula and needle is placed into the area. Before the radiofrequencing ablation is performed, we traditionally wake the patient up to make sure of the area where we are burning is the appropriate area. There are several tests and studies that can be performed to ensure patient’s safety. The patient’s safety is our foremost concern.

After the procedure, there most likely will be some tenderness in the area that can be treated with over-the-counter medications such as Motrin or Tylenol and certainly ice packs on the area is helpful for the first 24 hours.

4. "Can I go home immediately after the procedure is done?"

Yes, after you fully recover from your IV sedation most patient's return home. They can essentially return back to work if they wish. The procedure itself as mentioned takes 15 minutes and perhaps there is a 15- to 20-minute recovery period. There is no convalescing needed.

5. How many radiofrequenting ablations have you done?

I have done a number of these. Probably to my recent memory it is at least a 100. In terms of success, they traditionally all have been successful. At times a patient might need a second application of the radiofrequenting ablation, but this is highly unlikely. If we had made the correct diagnosis in terms of the patient's pain generator, radiofrequenting ablation is a very safe and effective way of treating pain for the long term.

6. What are the down sides to radiofrequenting ablation?

The downsides to any procedure involving a needle are bleeding and infection, worsening of their pain and nerve damage. Due to the fact that there is a needle involved there is always a risk of bleeding and infection. We take the utmost care in making sure that this cannot happen. However, even under the best circumstances this can happen. Traditionally, the infection could be treated with an oral antibiotic. To my knowledge in my 15 years of practice, an infection or bleeding has never occurred.

There is also a chance that we could increase your pain. Pain patients are certainly complex. There is always a possibility that we can increase pain. Again in my 15 years of practice this has never happened, but I always make it clear that there is a possibility of worsening of the patient's pain. With respect to the risk of nerve damage again we do everything possible to make sure we are destroying the correct nerves. The way that we can ensure this is by testing the nerves to be burned to make sure that they are not related to motor (movement) function. This is always done before burning any nerve. The other way that we ensure safety is to have the patient under light anesthesia. The light anesthesia ensures patient comfort but more importantly allows the physician to be able to communicate with the patient in a meaningful way.

7. How long will a radiofrequenting ablation last?

Radiofrequenting ablation will last approximately 4-12 months. As mentioned earlier nerves always regenerate. If this is the case for your care, another radiofrequenting ablation could be performed at that time.

8. If radiofrequenting ablation does not work, what is the next step?

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The next step most likely for my patients would be a trial of spinal cord stimulation or peripheral field stimulation. Both the technologies are performed with regularity in my practice. Peripheral field stimulation is where a special device is placed directly underneath the skin to cause pain relief.

The other form of pain control is spinal cord stimulation. This is where a special device is placed into the epidural space and is targeted to turn off the pain signal. The patient can learn more about these procedures through my website.