RENOVA PAIN

PATIENT EDUCATION

Radiofrequency Ablation

Cervical (neck) • Thoracic (mid-back) • Lumbar (low back)

What is medial branch radiofrequency ablation?

Radiofrequency ablation (RFA), also called radiofrequency neurotomy, treats facet-joint pain by using controlled heat to interrupt pain signals carried by the medial branch nerves. These small nerves supply the facet joints at the back of the spine.

The procedure is performed with live X-ray guidance (fluoroscopy). After the target nerve is confirmed with stimulation testing, a small area of the nerve is heated through a specialized needle. The procedure does not remove a joint, fuse the spine, or treat a disc problem.

THE GOAL	To provide longer-lasting relief of axial neck, mid-back, or low-back pain after diagnostic medial branch blocks showed that the facet joints are a likely pain source.

What benefits may occur?

- Reduced facet-mediated spine pain and stiffness.
- Improved ability to stand, walk, turn the head, sleep, exercise, participate in therapy, and perform daily activities; some patients also reduce pain medication use.
- Relief commonly lasts about 6–12 months and sometimes longer. The treated nerve can regrow, so pain may eventually return.

When will I notice relief?

The local anesthetic may provide brief numbness on procedure day. RFA benefit is not immediate. Post-procedure soreness can temporarily mask improvement; relief often develops over 1–3 weeks and may continue improving for 4–6 weeks.

Risks and possible side effects

Most effects are mild and temporary. Serious complications are uncommon but may occur.

Common/temporary: soreness, bruising, muscle spasm, pain flare, burning or sunburn-like sensitivity, numbness, dizziness, fainting, or headache.

Uncommon/rare: infection, bleeding or hematoma, allergic reaction, neuritis or prolonged nerve pain, new numbness or weakness, injury to a nearby nerve or blood vessel, skin burn, or persistent worsening of pain. Thoracic procedures carry a very rare collapsed-lung risk. Cervical procedures carry additional rare risks including balance difficulty, vascular or nerve injury, and neck extensor weakness after extensive bilateral or multilevel treatment. Paralysis, stroke, or death is exceedingly rare.

BEFORE YOUR PROCEDURE

Preparing for Procedure Day

Follow the individualized instructions from Renova Pain and the procedure facility

Medications

DO NOT GUESS	Do not stop aspirin, a prescribed blood thinner, or an antiplatelet medication on your own. Tell us exactly what you take. Renova Pain will give you an individualized plan if any change is needed.

- NSAIDs—including ibuprofen, naproxen, meloxicam, diclofenac, ketorolac, and celecoxib—are generally continued for RFA unless Renova Pain gives you different instructions.
- Cervical RFA requires an individualized review of prescribed blood thinners and antiplatelet medications. Depending on the medication and your bleeding and clotting risks, a temporary hold may be recommended in coordination with the prescribing clinician.
- Do not independently stop or change aspirin, Plavix/clopidogrel, warfarin, Eliquis/apixaban, Xarelto/rivaroxaban, Pradaxa/dabigatran, Lovenox/enoxaparin, or another prescribed medication.

GLP-1 medications for diabetes or weight loss

Examples include Ozempic®, Wegovy®, Mounjaro®, Zepbound®, Trulicity®, Victoza®, Saxenda®, Rybelsus® and similar drugs. Tell us the schedule, last dose, recent dose changes, and any nausea, vomiting, abdominal pain, bloating, or constipation. Most low-risk patients may continue, but higher-risk patients may need a 24-hour liquid-only diet, medication withholding, or rescheduling.

If the anesthesia team tells you to HOLD it: skip a daily GLP-1 on procedure day; hold a weekly GLP-1 for 7 days. Do not stop diabetes medication without a glucose-management plan from the prescriber.

Tell us before the procedure

- Any infection, fever, antibiotics, open wound, recent hospitalization, pregnancy or possible pregnancy, allergy, bleeding problem, prior surgery or hardware, new weakness or numbness, or major symptom change.
- A pacemaker, implantable cardioverter-defibrillator (ICD), spinal cord stimulator, deep brain stimulator, cochlear implant, insulin pump, continuous glucose monitor, or other implanted electronic device. Device planning may be required.

Sedation checklist — only if sedation is planned

☐	No solid food for at least 8 hours before arrival. Stop clear liquids 2 hours before arrival unless the facility gives stricter instructions.
☐	Take approved morning medications with a small sip of water. Ask specifically about insulin and other diabetes medications.
☐	Arrange for a responsible adult to drive you home. Wear loose clothing and bring a photo ID and current medication/device list.
PLEASE CALL	Contact us before the procedure if you are ill, have an active infection, started antibiotics, have uncontrolled blood sugar, may be pregnant, or did not follow medication or fasting instructions.

PROCEDURE DAY AND RECOVERY

What to Expect After RFA

Temporary soreness is common; improvement develops gradually

During and immediately after the procedure

- The skin is cleaned and numbed. Fluoroscopy guides the specialized needles. Sensory and/or motor stimulation may be used before controlled heat is applied.
- You may feel pressure, muscle twitching, warmth, or brief discomfort. Tell the team immediately about unusual radiating pain, tingling, weakness, dizziness, ringing in the ears, or metallic taste.
- You will be observed briefly. Temporary numbness, heaviness, or weakness can occur; ask for help before standing.

Normal recovery timeline

First 24 hours	Injection-site soreness, muscle spasm, or temporary numbness may occur. Use ice wrapped in a towel for 15–20 minutes at a time.
Days 2–7	A pain flare, burning, tingling, or sunburn-like skin sensitivity can occur as the treated nerve reacts. This usually improves gradually.
Weeks 1–3	Pain relief commonly begins during this period.
Weeks 4–6	Improvement may continue. Contact us if there is no improvement by the expected follow-up or if symptoms are worsening.
Expected duration	Relief commonly lasts about 6–12 months and sometimes longer. The nerve may regrow, and the same pain can return.

When can RFA be repeated?

REPEAT RFA	Repeat treatment may be considered when the same facet-mediated pain returns and the prior RFA provided at least 50% pain relief or functional improvement for at least 6 months. Many insurance plans limit treatment to no more than two RFA sessions per spinal region in a rolling 12-month period. Renova Pain will reevaluate you before repeating the procedure.

Bandage, bathing, activity, and sedation safety

Bandage	Keep clean and dry. Remove the next morning (about 12–24 hours). No replacement is needed unless there is minor drainage.
Shower	You may shower the next morning. Let water run over the site; do not scrub. Pat dry.
Bath / pool / hot tub	Do not soak or submerge the procedure sites for 5 days. Wait longer if any site is open, draining, or irritated.
Activity	Take it easy the day of the procedure. Resume light activity the next day. Avoid strenuous exercise, heavy lifting, and vigorous bending/twisting for 48 hours.
If sedated	For 24 hours: no driving, machinery, alcohol, cannabis, important decisions, or sedating medication unless approved.

Call us promptly if you develop

Fever, chills, increasing redness, warmth, swelling, drainage, severe or rapidly worsening pain, persistent burning pain, new or worsening numbness or weakness, difficulty walking, balance problems, severe headache, chest pain, shortness of breath, or signs of an allergic reaction.

EMERGENCY	Call 911 or go to the nearest emergency department for new paralysis, loss of bowel or bladder control, trouble breathing, facial or throat swelling, chest pain, stroke-like symptoms, or loss of consciousness.

General education only. Follow the individualized instructions from your procedural team and call with questions.