

River Cities Interventional Pain Specialists

Since 2004 Dr. Randall P. Brewer has been in clinical private practice in Shreveport, Louisiana and maintains academic appointments at Duke University and Louisiana State University, where he routinely lectures in the areas of Pain Medicine and clinical Neuroscience in the Department of Neurology and the Medical school. He is board certified by the American Society of Anesthesiologists, the American Board of Pain Medicine, and the American Board of Psychiatry and Neurology.

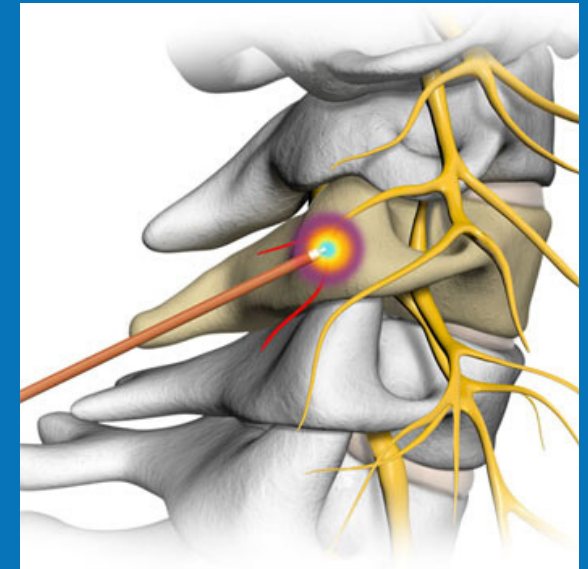
Dr. Brewer and his multi-disciplinary team of highly skilled nurses and physician extenders provide comprehensive pain management treatment solutions to treat chronic pain disorders. The team works collaboratively with patients and area providers to develop individualized treatment plans and attainable goals. . These strategies help patients to effectively address a wide range of chronic pain disorders.

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TOP TEN QUESTIONS ABOUT...



FACET NERVE ABLATION

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1. What is a facet joint?

Facet joints are the joints in the spine that help to connect the bones of the spine together for support and movement. Like other mobile joints in the body, facet joints can develop arthritis. The most common locations for pain due to facet joint arthritis is in the lower back and neck. It can also occur in the thoracic region (mid back).

2. How is a “facet nerve block” used to decide whether to perform ablation?

While symptoms of back (or neck) pain, physical examination findings, and the results of imaging tests can steer doctors in the right direction towards the source of pain, the established method of proving a diagnosis of pain due to facet joint arthritis requires a series of diagnostic injections known as facet nerve (“medial branch”) blocks. The amount of pain relief following a facet nerve block will help your provider to determine the amount of the pain you are experiencing from facet arthritis.

3. What is an 'ablation'?

Ablation actually means the elimination or interruption of tissue in the body. The tissue may be nerve or nerve pathways in the heart, brain, or spine, or some types of tumors and malignancies. Ablation of the nerve supply to joints around the spine is performed with technology termed “radiofrequency”, which describes the method of delivering heat energy to perform the ablation of the nerve pathway. Many people refer to this process as “burning the nerves”.

4. How long will the ablation work? Can it be repeated?

The amount of time that facet ablation works depends upon several factors. The average duration of benefit, as determined by clinical research studies is approximately six months. If the pain pattern that was present before the facet ablation returns, your doctor will likely speak to you about performing a repeat ablation procedure.

5. Are there risks of damaging the nerves in the spine with ablation?

Facet nerve blocks involve the placement of a small solution of “local anesthetic” around the nerve very precisely using a fluoroscopy machine that allows the doctor to visualize the regions in the spine where the nerves are located. The response to the local anesthetic serves two functions: to identify the source of the pain, and to ensure that the large nerves that supply muscles and joint are not affected by the ablation. During the ablation procedure, your doctor will perform “stimulation” during the procedure that allows the identification of the proper location of the ablation probe at the facet joint nerves.

6. How long does it take for the ablation to work? Will I be weak or numb from the nerve block?

Since the ablation is a procedure that involves generating a thermal (heat) lesion to the spine where the facet joint nerve is located, the region has to undergo a healing process. For that reason, we inform patients that the relief may take up to six weeks to achieve the maximal benefit. In clinical practice, the majority of patient experience the benefits within 1-2 weeks of the procedure. Facet nerves do not supply any major muscles or areas of skin that result in numbness or weakness. Uncommonly, nerve irritation occurs that can persist for a short period of time, that can be treated with medical therapy.

7. Can surgery on the facet joints permanently treat my pain?

There is no specific spine surgery that is intended to restore the normal functioning of facet joints that are affected by arthritis. Some patients with arthritis in the facet joints may be candidates for surgery on the spine if there are additional features that involve the potential damage to the main nerves or spinal cord, or if the bone structure in the spine is considered unstable. If your doctor suspects that your pain is from a condition that can be relieved by spine surgery, a thorough evaluation will be performed which may include consultation with a spine surgeon.

8. If the nerve ablation does not help, what is next?

Since the spine is a very complex structure that involves a dynamic interaction of bones, joints, muscles, and nerves, identifying and treating one source of pain, such as the facet joints, may not eliminate other pain sources. The thorough evaluation of your pain by your doctor will determine what the next best steps will be to best treat the remaining pain generators. A multidisciplinary approach to the management of pain will give most patients the best results, which means a combination of interventional therapies, such as facet nerve ablation, medications, and rehabilitation programs.

9. If the nerve ablation helps, what happens to my medication management?

Facet nerve ablations are intended to treat the pain that is specifically coming from those joints in the spine. Many patients choose to attempt to reduce or eliminate the need for pain medications following facet nerve ablations. It may be appropriate to continue pain medications if additional sites of pain are also present that impair daily activities. Your provider will discuss the goals and expectations related to the use of pain medications following the ablation procedure

10. What happens after the visit?

Most patients can walk around immediately after the procedure. After being monitored for a short time, you can usually leave the office or suite. Someone must drive you home. Patients may experience pain from the procedure for up to 14 days, but this is generally due to the residual effects of the nerve ablation or muscle spasm. Patients are often up and around and back to work 24 to 72 hours after the procedure. Pain relief is typically experienced within 10 days, although relief may be immediate for some patients and take up to three weeks for others. Patients should schedule a follow-up appointment with the referring or treating physician after the procedure to document the efficacy and address any concerns the patient may have for future treatments and expectations.