



Cervical & Lumbar Radiofrequency Ablation

A brief day procedure for mechanical facet-joint pain

Why you have been given this sheet

This guide explains facet-joint pain, how medial branch radiofrequency ablation is performed in the neck or lower back, what improvement may be expected, and the usual recovery. It supports your discussion with the treating team and complements—but does not replace—the formal consent process.

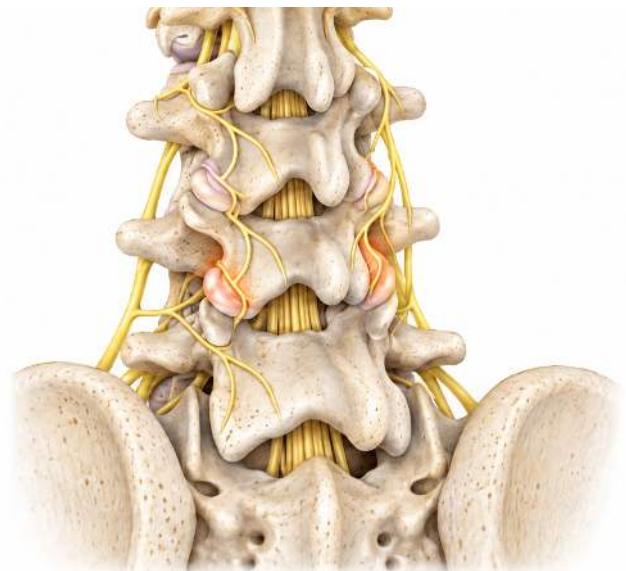
What are the facet joints?

Facet joints are small paired joints at the back of each spinal level. They guide movement and contribute to stability. Like other joints, they can become painful through age-related wear, arthritis, repeated loading or previous injury. Each joint sends pain signals through tiny sensory nerves called medial branches.

CERVICAL FACET JOINTS



LUMBAR FACET JOINTS



The highlighted joints show common sites of facet pain. The fine yellow branches beside them carry pain signals; they do not control the arms, legs or spinal cord.

What does facet pain feel like?

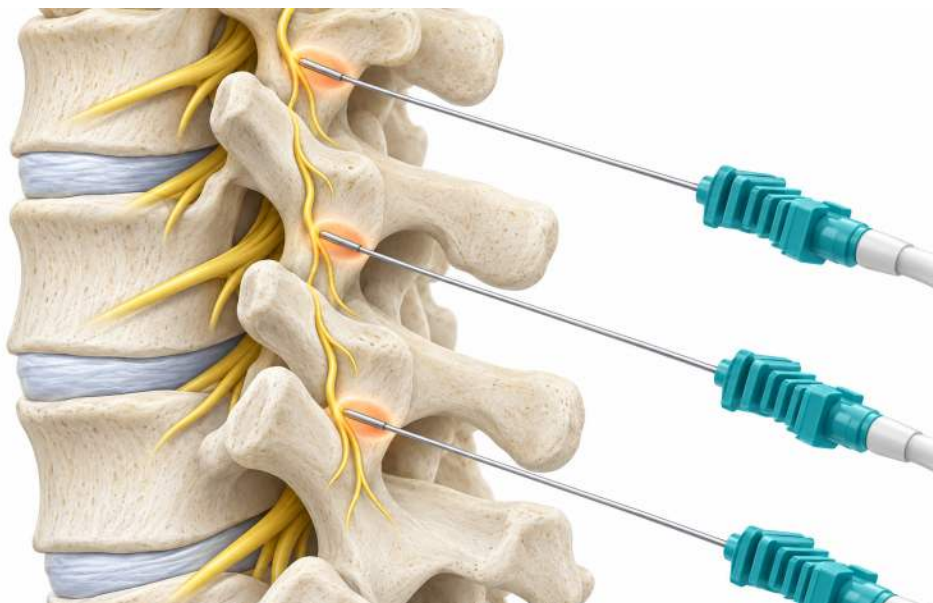
- Predominantly axial, mechanical pain: discomfort centred in the neck or lower back rather than true arm or leg pain.
- Pain commonly worsens with extension, rotation, prolonged standing, repeated movement or loading.
- Cervical facet pain may spread towards the shoulder blades; lumbar facet pain may spread into the buttocks or upper thighs.
- The diagnosis is based on the pattern of symptoms, examination and available imaging, while excluding a more appropriate explanation for the pain.

The treatment target

Radiofrequency does not remove the joint or alter spinal stability. It interrupts pain transmission through selected medial branch nerves while leaving the spinal cord and major nerve roots untouched.

How radiofrequency ablation works

The same principle is used for cervical and lumbar facet-joint pain.



Lumbar example: the cannula tip is positioned at the bony junction between the superior articular process and transverse process, beside the medial branch - not inside the facet joint.

What happens on the day?

1. Sedation and intra-op X-rays

You lie on the operating table under sedation, breathing for yourself. Live X-ray guides each fine cannula beside the medial branch; general anaesthesia is not normally required.

2. Safety testing

Before treatment, low-level electrical stimulation confirms that the cannula is not positioned beside a motor nerve. The team checks that there is no unwanted muscle response.

3. Controlled radiofrequency

Only after this check, radiofrequency creates a small treatment zone around the sensory medial branch, temporarily interrupting its pain signal.

4. Short recovery

The procedure generally takes 15–20 minutes. You are observed briefly afterwards and return home the same day with an accompanying adult.

Why consider radiofrequency?

SIMPLE

A brief, minimally invasive day procedure with tiny puncture sites and no incision, implant or hospital stay.

TARGETED

Intra-op X-rays allow treatment of the small sensory branches associated with the painful facet joints.

PRACTICAL

Most people return to normal daily life the following day, without a brace or prolonged rehabilitation.

COST-EFFECTIVE

For appropriately selected patients it can provide months of relief without the greater cost and recovery burden of major surgery.

Relief develops gradually

The response is not immediate and the first few days can be misleading.

A temporary flare can occur



Illustrative recovery pattern only. The amount and timing of relief vary between patients; the curve is not a promised pain score.

The key point

It is common to feel no better—or temporarily a little worse—during the first several days. Benefit then develops progressively, with the maximum effect commonly apparent around 2–3 weeks. Judge the result after this period rather than in the first few days.

How long can the benefit last?

The treated medial branch nerve can regenerate. In David’s clinical experience, benefit commonly lasts approximately 9–18 months, although results vary. If the same pain returns after a successful procedure, radiofrequency can often be repeated.

How successful is it?

More than 70% of appropriately selected patients in David’s practice obtain worthwhile pain reduction. Some experience very substantial relief; others obtain partial or no benefit. Radiofrequency reduces the facet-joint pain signal but does not reverse arthritis or treat every possible pain source.

Your recovery guide

Procedure day Rest after discharge. Sedation means you must not drive, operate machinery, make important legal decisions or drink alcohol for 24 hours. Arrange an adult to take you home and remain available.

Next day Most people return to normal daily activities and work as comfort allows. Walking is encouraged. Follow any individual instructions provided by the team. Remove the dressings after 24 hours.

First week Local tenderness, bruising, numbness or a temporary flare of the familiar pain can occur. Simple analgesia and an ice pack may help if appropriate for you.

Weeks 2–3 Relief usually becomes clearer and reaches its maximum. Gradually build exercise and use the improvement to restore movement, strength and confidence.

Possible problems

The most common unwanted outcome is insufficient relief. Temporary soreness, bruising, altered skin sensation or a short-lived pain flare are more common than a significant complication. Infection, bleeding, medication reaction or unintended nerve injury are possible but very uncommon with appropriate imaging and technique.

When to contact us

Contact the team for fever, increasing redness or discharge, severe escalating pain or a new neurological symptom. Seek urgent care for major weakness, loss of bladder or bowel control, chest pain, shortness of breath or another medical emergency.

Benefits, limitations and safety

Potential benefits

- Meaningful reduction in mechanical neck or low-back pain for many appropriately selected patients.
- Improved tolerance for movement, exercise, sleep, work and normal daily activities.
- A brief day procedure without general anaesthesia, an incision, an implant or a hospital admission.
- Medication requirements may reduce when pain relief is successful.

Important limitations

- Not every patient improves, and the degree of benefit cannot be guaranteed in advance.
- Relief is usually temporary because the medial branch nerve may regenerate over approximately 9–18 months.
- It treats facet-mediated mechanical pain; it does not correct spinal deformity, remove arthritis or decompress a spinal cord or major nerve root.

A little more anatomy: the medial branch

After a spinal nerve leaves the canal, it divides into smaller branches. The medial branch is a very small nerve that runs across a predictable bony landmark behind the spine and supplies sensation from the facet joint. At the levels treated, its relevant role is sensory: it carries the joint's pain signal. It is separate from the larger nerve roots that supply power and sensation to the arms or legs.

Why the safety test matters

The cannula is positioned on bone beside the medial branch—not inside the facet joint. Before radiofrequency is delivered, electrical stimulation is used to check that the tip is not beside a motor nerve. Only after an appropriate response is confirmed does treatment proceed.

Your treating surgeon

Dr David Edis | Orthopaedic and Spine Surgeon | MBBS, FAOrthA, GradDipHealthAdmin

David performs cervical and lumbar medial branch radiofrequency ablation in theatre using intra-op X-rays. His approach combines long-standing procedural knowledge with careful patient selection and precise, minimally invasive treatment.

Selected references

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