

WHAT IS A GENICULAR NERVE BLOCK AND RADIOFRQUENCY ABLATION

The genicular nerve block and RFA are a proven and popular procedure to combat knee pain. The specialist interventional pain management physicians at Interventional Pain Solutions perform this procedure for treating patients with knee pain without surgery. Genicular Nerve Block can be done before if the hopes of preventing surgery or after knee surgery to offer pain relief.

This state-of-the-art procedure relieves pain in patients experiencing knee pain due to any of the following conditions:

- Chronic Knee Pain
- Degenerative Joint Disease (of the knee)
- Osteoarthritis (OA) of the knee
- Prior to or following a total knee replacement
- Prior to or following a partial knee replacement
- Patients unfit for knee replacement
- Patients who wish to avoid a knee replacement

The procedure is performed in 2 stages:

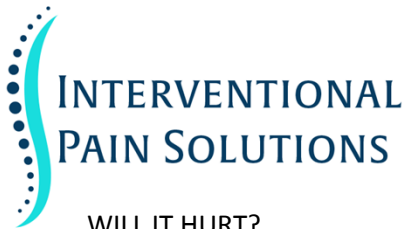
1. *Diagnostic Genicular Nerve Block* – this procedure consists of placing a small amount of a local anesthetic, on the genicular nerves. This tests the patient’s response and determines if there is sufficient pain relief in the knee to justify performing a therapeutic neurotomy
2. *Genicular Nerve Ablation* – during this therapeutic portion of treatment, your pain management physician will perform a radiofrequency ablation (RFA) of the genicular nerves, restoring function of the knee and alleviating pain.

HOW LONG DOES IT TAKE TO DO?

The actual injection takes only a few minutes. Please allow about an hour for the procedure; this will include talking to your doctor before the procedure, signing the informed consent, positioning in the room, and observation by the recovery room nurse afterwards.

WHAT MEDICINES ARE INJECTED?

The injection consists of a small amount of long acting local anesthetic and a corticosteroid.



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WILL IT HURT?

All of our procedures begin by injecting a small amount of local anesthetic through a very small needle. It feels like a little pinch and then a slight burning as the local anesthetic starts numbing the skin. After the skin is numb, the procedure needle feels like a bit of pressure at the injection site.

HOW IS IT DONE?

It is typically done with you lying on your stomach though you may be seated if needed. The landmarks may be identified based on anatomical features or utilizing an Ultrasound to painlessly identify the correct placement of the medication.

WHAT SHOULD I EXPECT AFTER THE INJECTION?

Shortly after the injection, you may notice that your pain may be gone or considerably less. This is due to the effect of the local anesthetic and lasts only for a few hours to a few days.

WHAT SHOULD I DO AFTER THE PROCEDURE?

We advise the patients to take it easy for a day or so after the procedure. Perform the activities as tolerated by you. This is a diagnostic test and it is important to maintain reasonably normal activities so the block's efficacy can be evaluated. Can I go back to work the same day or the next day? You should be able to unless the procedure was complicated. Your doctor or recovery room nurse will discuss this with you.

HOW LONG DOES IT LAST?

This is a diagnostic test and the injection seldom lasts more than a few hours or a couple of days, at the most. This is normal. This injection is performed as a predictor of the efficacy of radiofrequency lesioning of these medial branch nerves.

HOW MANY INJECTIONS DO I NEED TO HAVE?

Usually just two blocks followed by the RFA.

HOW WILL I KNOW IF IT WILL HELP?

It is very difficult to predict how helpful injections will be. Generally, patients who have the symptoms described above will do well

WHAT ARE THE RISKS AND SIDE EFFECTS?

Overall, this procedure has very few risks. However, as with any procedure, there are some risks and side effects you should know about. Commonly encountered side effects are increased pain from the injection (usually temporary), rarely infection, bleeding, nerve damage, or no relief from your usual pain.

Zachary Lipman, M.D · Michael Gasman, M.D. · Jordan Frazer, NP · Jared Smith PA-C

Address 647 W. East Ave. Chico, CA. 95926 | 1158 N. Court St Redding, CA 96001 Phone (530) 343-4757 Fax (530)343-3347