

## Lumbar Medial Branch Nerve Ablation Understanding Your Risks

This document outlines the potential complications associated with **lumbar radiofrequency ablation (RFA)**. This is a minimally invasive, image-guided procedure performed under fluoroscopic (X-ray) guidance. Radiofrequency energy is applied through specialized needles to heat and interrupt the medial branch nerves that supply the lumbar facet joints.

This procedure is typically performed after successful diagnostic lumbar medial branch blocks and is intended to provide longer-lasting pain relief by disrupting pain signals from the facet joints.

The usual purpose of this procedure is to **reduce chronic low back pain** believed to originate from the lumbar facet joints in patients with conditions such as lumbar spondylosis, facet arthropathy, degenerative changes, or mechanical low back pain.

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### Risks:

- **Temporary increase in back pain or soreness at the treatment site**
- **Vasovagal reaction** (lightheadedness, dizziness, fainting)
- **Allergic reaction to medications or contrast dye**
- **Infection** (superficial or deep, including abscess formation)
- **Bleeding or hematoma formation**
- **Nerve irritation or injury, including increased pain, numbness, tingling, or weakness**
- **Temporary numbness or sensory changes**
- **Muscle spasm, stiffness, or weakness**

- **Neuropathic pain or neuritis following ablation**
- **Local skin irritation or burn at the needle site**
- **Failure to relieve symptoms or recurrence of pain over time as nerves regenerate**
- **Spinal cord or cauda equina injury** (extremely rare)
- **Medical complications** (deep vein thrombosis, pulmonary embolism, or cardiac events—rare)

#### **Risk Factors for Increased Complications:**

- **Use of blood thinners or bleeding disorders**
- **Diabetes or impaired wound healing**
- **Prior lumbar spine surgery, altered anatomy, or deformity**

#### **Patient acknowledgment:**

By signing below, you acknowledge that you understand the above risks associated with lumbar radiofrequency ablation and all your questions have been answered to your satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

