Lumbar Medial Branch Nerve Ablation
Understanding Your Risks

Lumbar radiofrequency ablation (RFA) is a minimally invasive procedure used to treat chronic low back pain that comes from the small joints in the spine, called facet joints. The procedure uses heated needle tips to interrupt pain signals from the nerves that supply these joints.

Common Risks and Their Frequency:

- **Temporary pain or soreness** at the procedure site is common and usually goes away within a few days to weeks. Some people may notice a brief increase in back pain after the procedure.[1][2]

- **Vasovagal reactions** (such as feeling faint or lightheaded), mild numbness, muscle cramps, or mild sensory changes can occur in about 0.7% to 2.3% of cases. These effects are usually mild and resolve on their own.[2]

- **Minor bleeding or bruising** at the injection site is uncommon (less than 1%).[1][2]

- **Infection** at the site is very rare when proper sterile technique is used.[1][2]

- **Thermal injury** (heat damage) to nearby tissues like skin, fat, or muscle is possible but uncommon. Careful technique and nerve testing help prevent this.[1]

- **Most complications are minor and get better without treatment.**[1][2]

Serious or Rare Risks:

- **Permanent nerve injury or neurological problems are exceedingly rare** when the procedure is done using evidence-based methods.[1][3]

- **Injury to blood vessels or nerves** is possible if the needle is placed too deeply, but this is very uncommon. The use of imaging and nerve testing helps reduce this risk.[1][3]

- **Dural puncture** (accidentally entering the spinal fluid space) and resulting headache are extremely rare.[1]

- **Allergic reactions** to the medications used are very rare.[1]

- **Muscle atrophy** (shrinking of the small back muscles) has been seen after RFA, but the long-term importance of this is not clear.[1]

Patient acknowledgment:

By signing below, you acknowledge that you understand the above risks, their estimated frequency, and the potential for both common and rare complications associated with lumbar radiofrequency ablation. All your questions have been answered to your satisfaction.

Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

References

1. The American Society of Pain and Neuroscience (ASPN) Evidence-Based Clinical Guideline of Interventional Treatments for Low Back Pain. Sayed D, Grider J, Strand N, et al. Journal of Pain Research. 2022;15:3729-3832. doi:10.2147/JPR.S386879.
2. The Immediate Adverse Events of Lumbar Interventional Pain Procedures in 4,209 Patients: An Observational Clinical Study. Sencan S, Sacaklidir R, Gunduz OH. Pain Medicine (Malden, Mass.). 2022;23(1):76-80. doi:10.1093/pm/pnab230.
3. Consensus Practice Guidelines on Interventions for Lumbar Facet Joint Pain From a Multispecialty, International Working Group. Cohen SP, Bhaskar A, Bhatia A, et al. Regional Anesthesia and Pain Medicine. 2020;45(6):424-467. doi:10.1136/rapm-2019-101243.