

Lumbar Medial Branch Nerve Transection

Understanding Your Risks

Lumbar medial branch transection is a minimally invasive procedure used to treat chronic low back pain that comes from the small joints in the spine, called facet joints. This procedure works by cutting the tiny nerves (medial branches) that send pain signals from these joints to the brain.

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.[\[1\]\[2\]\[3\]](#)
- **Vasovagal reactions** (such as feeling faint or lightheaded), mild numbness, muscle cramps, or mild sensory changes can occur in a small number of cases. These effects are usually mild and resolve on their own.[\[2\]\[4\]](#)
- **Minor bleeding or bruising** at the incision site is uncommon.[\[1\]\[4\]](#)
- **Infection** at the site is very rare when proper sterile technique is used.[\[1\]\[4\]](#)
- **Thermal or mechanical injury** to nearby tissues like skin, fat, or muscle is possible but uncommon. Careful technique helps prevent this.[\[1\]\[2\]\[5\]](#)
- **Most complications are minor and get better without treatment.**[\[1\]\[2\]\[4\]](#)

Serious or Rare Risks:

- **Permanent nerve injury or neurological problems are exceedingly rare** when the procedure is done using evidence-based methods.[\[1\]\[2\]\[5\]](#)
- **Injury to blood vessels or nerves** is possible if the instruments are placed too deeply, but this is very uncommon. The use of imaging helps reduce this risk.[\[1\]\[2\]](#)
- **Dural puncture** (accidentally entering the spinal fluid space) and resulting headache are extremely rare.[\[1\]\[2\]](#)
- **Allergic reactions** to the medications used are very rare.[\[1\]](#)
- **Muscle atrophy** (shrinking of the small back muscles) has been seen after nerve procedures, but the long-term importance of this is not clear.[\[1\]\[5\]](#)

- **Development of new or different pain** (sometimes called deafferentation pain) has been reported after nerve transection procedures, though this is rare.[5]

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 medial branch transection. 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. [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.
3. [Percutaneous Radiofrequency Ablation and Endoscopic Neurotomy for Lumbar Facet Joint Syndrome: Are They Good Enough?](#). Du R, Gao J, Wang B, et al. European Spine Journal : Official Publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 2024;33(2):463-473. doi:10.1007/s00586-023-08078-5.
4. [The Immediate Adverse Events of Lumbar Interventional Pain Procedures in 4,209 Patients: An Observational Clinical Study](#). Sencan S, Sacaklıdır R, Gunduz OH. Pain Medicine (Malden, Mass.). 2022;23(1):76-80. doi:10.1093/pm/pnab230.
5. [Invasive Treatments for Low Back Disorders](#). Hegmann KT, Travis R, Andersson GBJ, et al. Journal of Occupational and Environmental Medicine. 2021;63(4):e215-e241. doi:10.1097/JOM.0000000000001983.