

Facet Joint Pain

What causes facet joint pain?

Facet joints are common sources of chronic back and neck pain.^{2,3,6-17} Each vertebral body in your spine has three main points of movement: the intervertebral disc and the two facet joints. These facet joints are small, stabilizing joints located on either side of each vertebra and consist of bony knobs coated with a slippery cartilage. As a disc thins with aging and from daily wear and tear, the space between two spinal vertebrae shrinks, eroding the cartilage and causing painful friction. Fractures, torn ligaments, and disc problems can all cause abnormal movement and alignment, putting extra stress on the facet joints.

What are the symptoms?

Facet joint pain can occur in any area of your spine.^{2,3} Most often it affects the lower back and neck.¹⁸

Symptoms can include the following:

- Pain or tenderness in the lower back
- Pain that increases with twisting at the waist or bending backward and extending the lower back
- Pain that moves to the buttocks and hips or the back of the thighs—usually a deep, dull ache
- Stiffness or difficulty with certain movement, such as standing up straight or getting up out of a chair
- Difficulty rotating the head
- Neck pain
- Headaches
- Shoulder pain

How is it diagnosed?

The most definitive diagnosis for determining your pain can be made by a medial branch block.¹⁹ This involves injecting a numbing medicine into or very near the nerves that supply the facet joint. If there is a significant decrease in pain (80% or more), it confirms that the joint is causing the pain.

Signs and Symptoms

This patient is experiencing severe back pain along with these additional symptoms and would benefit from seeing a specialist about facet joint pain.

Patient Information:

Patient Name: _____

Age: _____

Referring Physician: _____

Referring Physician Phone: _____

Patient Exhibited:

- Back pain
 - Lower
 - Thoracic
 - Cervical
- Deep, dull ache through the buttocks and hips
- Shoulder pain
- Radicular pain
- Pain that increases with activity and decreases with rest
- Pain that interferes with patient's ability to perform daily activities
- Pain that hasn't responded to conventional treatment
- Other symptoms: _____

Appt. Date & Time: _____

Get back into the swing of things.

Millions of men and women accept back pain as a fact of life. But now there's an outpatient treatment with a proven record of bringing relief.



Ease your pain without the need for traditional surgery.

A lifetime of walking, standing, lifting, and twisting causes significant back pain for nearly 80% of all adults.¹ For many, the facet joints are often the primary source of their suffering.²⁻⁴ Radiofrequency neurotomy is a minimally invasive procedure that can provide lasting pain relief.⁵

Treatment Options

Facet joint problems are usually treated with a combination of conservative methods, including pain medication, exercise and physical therapy, posture correction, activity modification, and steroid injections. If your pain doesn't improve, you may be helped by an outpatient procedure called radiofrequency neurotomy. This approach completes the continuum of care for back pain sufferers who want a minimally invasive alternative to surgery.²⁰

About Radiofrequency Neurotomy

This approach, also called radiofrequency lesioning, involves applying heat to certain nerve pathways to "shut off" the transmission of pain signals to the brain. Multiple clinical studies show that radiofrequency neurotomy significantly reduces pain severity and frequency for 1 to 2 years in the majority of patients.^{5, 19-25}

Procedure Benefits

- Pain relief for up to 2 years^{5, 19-25}
- Significant and longer lasting pain relief compared to steroid injections²²
- Low complication and morbidity rates^{5, 21-24}
- Appreciable pain relief compared to surgery: Nearly half of back pain sufferers are not helped by surgery²⁵
- Greater range of motion^{5, 21, 24}
- Lower use of analgesics^{5, 21}
- Improved quality of life⁵
- Short recovery time

What You Can Expect with Radiofrequency Neurotomy

Radiofrequency neurotomy is performed on an outpatient basis and requires only local anesthetic and mild sedation, alleviating the possible complications of open surgery and general anesthesia. It has a high success rate,^{5, 19-25} low complication rate,^{5, 21-24} and is covered by Medicare and most private insurers.

Before Your Procedure

Your doctor will confirm your diagnosis by making sure that you've had at least 2 successful medial branch blocks.¹⁹ If you are a good candidate, your doctor will ask you for the following information:

- Current medications, including herbal supplements and their dosages
- Drug, iodine, or latex allergies
- Current health conditions

Your physician or the healthcare staff will also request that you:

- Do not take aspirin, ASA-containing products (including Alka-Seltzer[®] or Pepto-Bismol[®]) or herbal remedies for 5 days before your procedure
- Do not use ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) for 3 days before your procedure
- Do not eat or drink anything for at least 6 hours before your procedure, except necessary medications with sips of water
- Arrange for someone to drive you home after the procedure

During Your Procedure

Radiofrequency neurotomy is performed while you are awake but sedated. To begin, the area to be treated is numbed with a local anesthetic. Using x-ray guidance, your doctor will insert a needle and electrode into the treatment location. After confirming correct placement, a high-frequency electrical current is passed through the electrode, heating up and lesioning the sensory nerve. Once the procedure is complete, the needle and electrode are removed.

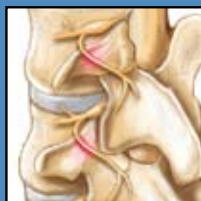
After Your Procedure

Typically patients go home within 1 to 3 hours. You may experience some initial discomfort immediately after the procedure, but most patients are able to return to work and their normal daily activities within 24 to 48 hours.

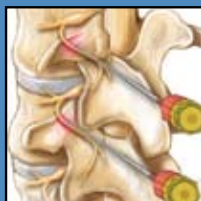
After a few days, you should notice a marked decrease in pain and continued improvement over the next several weeks. You can expect pain relief lasting up to 2 years.^{5, 19-25} Because nerves do repair themselves, your pain may return, but the procedure can be done again with similar results.

Bibliographic information can be found online at www.HelpingBacks.com/footnotes

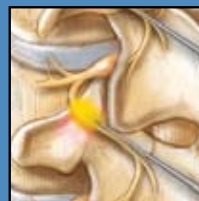
How Radiofrequency Neurotomy Works



1. Inflamed nervous tissue.



2. Needles are inserted into treatment area.



3. Radiofrequency current heats surrounding nerve tissue to create lesions.



4. Treated nervous tissue.

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