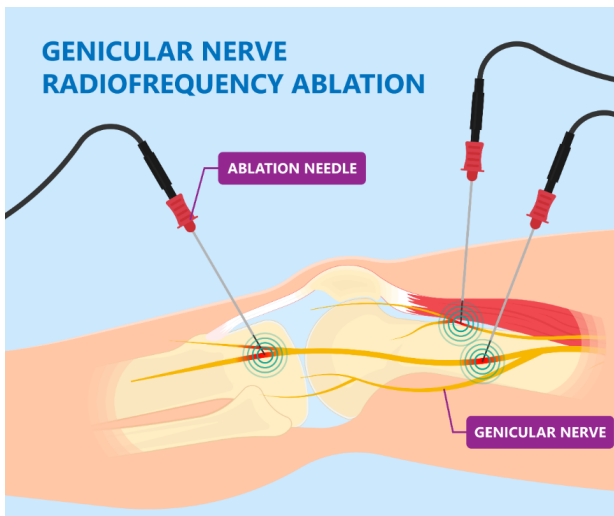


Genicular Nerve Rhizotomy

A guide for patients

If you suffer from osteoarthritis of the knees and would like to avoid a total knee replacement, or if you already had surgery and continue to experience pain, then you may benefit from a genicular nerve rhizotomy.



What are the genicular nerves?

Genicular nerves surround the knee and provide innervation to the joint. The genicular nerves arise from the branches of the tibial and common peroneal nerves. Several genicular nerves are common targets for treating knee pain including the superolateral, superomedial and inferolateral branches.

When is a genicular nerve rhizotomy performed?

A genicular nerve rhizotomy can be useful for chronic knee pain in a variety of settings including:

- patients who want to avoid a knee replacement
- patients unfit for a knee replacement
- ongoing pain after a partial knee replacement
- ongoing pain after a total knee replacement

Before the Procedure

You will need to fast before the procedure. This means:

- No food 6 hours before
- No liquids (except water) 6 hours before. This includes coffee, tea, orange juice etc.
- You can drink water up to 2 hours before the procedure.

Take your usual medications with a small sip of water. Please contact us if you are taking any blood thinning medications, diabetes medication, pregnant, or unwell.

The Procedure

The procedure itself takes 20-40 minutes.

It is a day case, meaning no overnight stay is required. An Anaesthetist will provide sedation and monitor you during the procedure.

The procedure is performed in the operating room with fluoroscopy (X-ray) to ensure accurate needle placement.

Specialized equipment including the radiofrequency cannula, probe and radiofrequency machine are used to heat the needle to 85-90 degrees.

Local anaesthetic and steroid are injected after the rhizotomy to provide further pain relief.

Successful treatment can result in pain relief for 6-24 months.

The procedure can be repeated if your pain returns.

After the Procedure

You will be taken to recovery and monitored until you are ready for discharge.

You will not be able to drive, so ensure someone can drive you home safely.

Avoid over-exerting yourself immediately after the procedure.

You may gradually return to your day-to-day activities.

If you develop any symptoms (fever, swelling, worsening weakness or numbness, bleeding, loss of bowel or bladder control) after the procedure or have any other concerns, please contact us, your GP, or your local Emergency Dept.

You will be reviewed by our pain nurse via telephone a few days after the procedure.



What are the risks?

No procedure is risk-free but the risks for this procedure are considered to be relatively low.

Possible risks include infection, bruising, haematoma, nerve injury and allergic reactions.

Infection is minimized with appropriate sterile and aseptic precautions.

Bleeding risk is minimized by stopping blood-thinning medications a few days prior. If this applies to you, our pain nurse will remind you to stop your blood-thinning medications a few days prior to your procedure.

Risk of nerve injury is minimized as we use fluoroscopy to guide accurate needle placement.

Severe allergic reactions to the injectates (ie local anaesthetic, steroids) are very uncommon.

Steroids may produce side effects including stomach irritation, insomnia, mood swings, flushing, palpitations. Post-procedural flare is common after a rhizotomy and can be treated with painkillers.

Neurological complications including weakness, paraesthesia, numbness have been described but are extremely rare.

Radiofrequency treatment can produce patchy numbness on the overlying skin.

Patients need to be aware that the outcome of the procedure is variable between individuals and they may not receive the desired benefits. The therapeutic benefits of the procedure are transient, and repeat injections may be required.

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