

Ankle Block and Pulsed Rhizotomy

When is an ankle block and pulsed rhizotomy performed?

This procedure can be performed when it is suspected the pain in your ankle is arising from one or more of the above nerves. Several nerves can be targeted at once with deposition of local anaesthetic and steroids. At the same time, a pulsed radiofrequency ablation may be performed to prolong the period of pain relief.

A guide for patients



What nerves supply the ankle?

- Superficial peroneal nerve supplies sensation from the dorsum of the foot.
- Deep peroneal nerve supplies sensation in the web space between the first and second toes.
- Posterior tibial nerve supplies the deep ventral structures, muscles and soles of the foot.
- Saphenous nerve supplies the medial aspect of the foot.
- Sural nerve supplies the lateral aspect of the foot.

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.

The Procedure

The procedure is performed as 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 ultrasound and/or fluoroscopy (X-ray) to ensure accurate needle placement.

Specialized equipment including the radiofrequency needle, probe and radiofrequency machine is used to heat the needle to a temperature of 42 degrees.

The nerve is pulsed with radiofrequency waves and local anaesthetic with steroid is injected following the nerve ablation.

The local anaesthetic provides immediate pain relief, whereas the pulsed radiofrequency and steroid may take several weeks to provide sustained pain relief.

Pain relief usually lasts between 6-12 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.
- Some patients may experience an initial increase in pain, which is common after a rhizotomy. We may prescribe some additional painkillers to cover you for this.
- 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 and ultrasound 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.

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.

A: Suite 14, Level 1, Murdoch Medical Clinic, SJOG Murdoch Hospital, 100 Murdoch Drive, MURDOCH 6150 T: 08 6317 9627 F: 08 6323 1888 (enter all 10 digits) E: admin@wpain.com.au W: www.wpain.com.au

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