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# Medial Branch Neurotomy (RFTC)

## OVERVIEW FOR MEDIAL BRANCH NEUROTOMY (RFTC)

Facet joints connect the vertebral bodies and help guide the spine during movement. Medial branch nerves are located near facet joints and transmit pain signals from the facet joints to the brain. The facet joints as a result of injury, degenerative changes or due to normal wear and tear may start emanating pain signals which are mediated by the medial branch nerves. A medial branch block with local anesthetic is done to confirm facet joint mediated pain and help differentiate it from other causes of back pain such as that from foraminal stenosis, spinal stenosis, disc herniations, etc. Once a physician localizes back pain being confirmed by a medial branch block with substantial pain relief, the patient can then be offered a more long-term solution which is known as medial branch neurotomy.

## PROCEDURE

Under fluoroscopic guidance, a special type of needle is inserted along the medial branch nerves that innervate the facet joints. This nerve is localized by checking the impedance levels as well as confirming with sensory stimulation and checking with motor stimulation to make sure that the needle is not approximated to a motor nerve root. Then, after local anesthetic infiltration through this needle, a probe inserted and controlled heat lesioning is done on the medial branch nerves, which is also known as medial branch neurotomy or radiofrequency lesioning and is most commonly known as radiofrequency thermocoagulation (RFTC). The purpose of this treatment is to provide long-standing results to pain that is proven to be coming from facet joints in patients that don't need surgery.

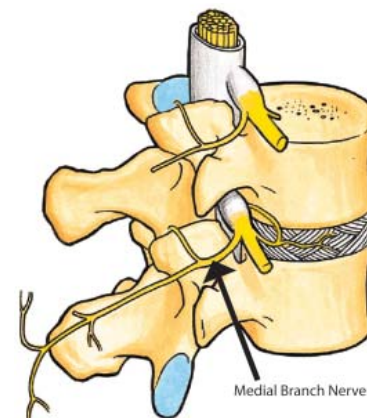
## HOW LONG CAN PAIN RELIEF BE EXPECTED?

The result of the expected pain relief depends on the levels that are involved and the amount of inflammation, degenerative changes and irritation.

We frequently tell our patients that we would like for the procedure to provide pain relief for at least 6 months at a time, but there is a possibility that the pain can be substantially and completely eliminated long-term provided the treatment takes place on a more acute basis. Occasionally, radiofrequency thermocoagulation may need to be repeated, but this would be a reasonable alternative in those patients that would otherwise need to consider surgery or require long-term opioids or have poor quality of life.

## GOAL

The goal is to reduce and possibly eliminate the pain, reduce dependency on pharmaceutical management and return the patient to as normal lifestyle as possible pre-injury or pre-chronic pain.



## Vivek Mahendru, M.D.

Dr. Mahendru is a fellowship trained pain management physician. He completed multiple fellowships in pain therapy at Roswell Park Cancer Center, Harvard Medical School, and Texas Tech University. Dr. Mahendru is often requested to publish articles in medical journals and lecture at national events, his work and dedication are widely recognized.

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