

What is a minimally invasive endoscopic rhizotomy surgery?

An endoscopic rhizotomy is a minimally invasive endoscopic surgery that allows direct visualization of the medial branch nerves that supply the facet joints in the back of the spine. This procedure may also be called a facet joint denervation.

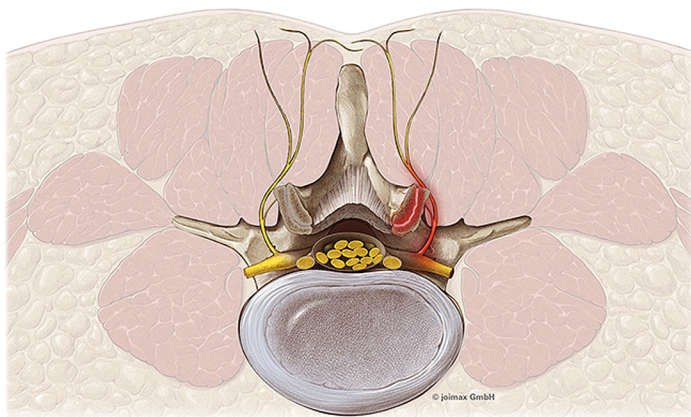
Medial branch nerves are very small nerves that innervate the facet joints of the spine. Facet joints are the joints connecting the different vertebra of the spine to each other. The joints are present on both sides of the spine from the neck to the lower back.

The surgery takes the percutaneous radiofrequency ablation procedure (RFA), a common procedure where we use special needles and electrical current to turn off the nerves, an important step further by providing direct endoscopic visualization of the posterior spinal anatomy and nerves.

What is the different between a radiofrequency ablation and an endoscopic rhizotomy?

A radiofrequency ablation is a procedure for back pain where we use special needles and electrical current to turn off the nerves and their ability to transmit pain signals. Usually provides 6-12 months of relief. By that time, the nerve may heal and the pain may return.

The surgical aspect of a rhizotomy is a little more invasive, but still considered an endoscopic minimally invasive surgery or procedure. The incision is smaller than a centimeter and involves the use of a camera through which we can use special tools to identify the nerves, and surgically remove those nerves, and then perform an ablative procedure under direct visualization.



What are some of the benefits of an endoscopic rhizotomy surgery?

- Minimally invasive procedure
- Small incision and minimal scar tissue
- Outpatient procedure
- Long term relief of back pain
- Short recovery time
- High success rate and sustained success of the therapy

- No or minimal blood loss
- Spinal mobility is maintained
- Visual endoscopic control of the treatment

When is an endoscopic rhizotomy recommended?

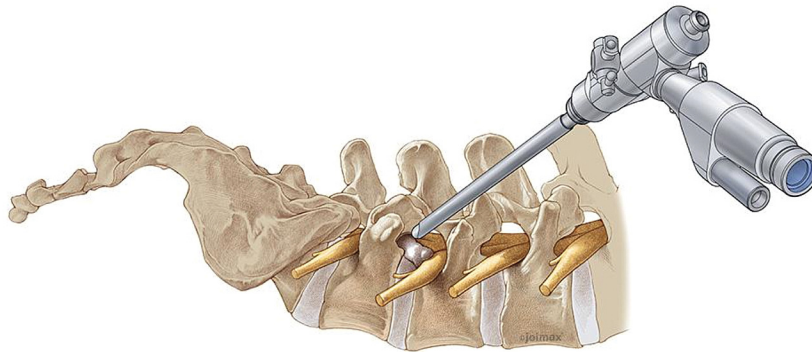
- The patient has lower back pain longer than 6 weeks with no response to conservative treatments
- Patient has restricted range of movement in the lumbar spine, particularly when bending backwards
- Blocking the facet joint or medial branch nerve confirms that lower back pain is caused by the facet joint

What are the indications for an endoscopic rhizotomy?

A rhizotomy is indicated if the diagnostic *medial branch block (MBB) procedure is successful in confirming back pain is originating from the facet joints. A medial branch block (MBB) is an injection of a local anesthetic at the medial branch nerve to temporarily block the pain signal carried from the facet joints to the brain. It is a diagnostic tool and provides only temporary relief from pain and is used in diagnosing the cause of your back pain.

What are the details of an endoscopic rhizotomy?

Usually done under monitored anesthesia care, meaning you're awake and responsive, but comfortable throughout the procedure. Endoscopic rhizotomy surgery is an outpatient surgery and is done under conscious sedation. A small incision is made in the surgical area and a tube with a camera is inserted into the spine, guided by fluoroscopic X-ray to place the camera in the correct position. The camera allows for direct visualization to see where the medial branch nerves usually reside. After identifying the nerve, a small section is cut from the nerve, preventing any regrowth in the future.



What to expect after the procedure?

While this is an outpatient surgery, we do recommend resting initially and then gradually increasing activity levels. You may also be advised to wear a back brace for added support during the healing process.

If you are suffering from low-back pain and have been researching minimally invasive spine surgery as well as laser spine surgery, schedule an appointment to speak to one of our specialists. You may find that endoscopic rhizotomy is the perfect solution for you. Often, this procedure is covered by healthcare insurance.