

**Dr Rajesh Munglani MB. BS. DA. DCH. FRCA. FFPMRCA
Consultant in Pain Medicine**

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All Enquiries & Correspondence to:

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Patient Information Leaflet

DENERVATION PROCEDURES

What is a denervation?

A denervation is a procedure that aims to permanently stop a nerve transmitting pain. The nerve is destroyed by heating it with an electrical current from a special device called a radiofrequency machine.

This treatment is usually done after procedures such as facet joint or sacroiliac injections have been effective.

It is most important that you inform Dr Munglani if you are taking drugs to thin your blood, for example, Warfarin and Clopidogrel. He will then provide guidance as to whether there is a need to temporarily stop any blood-thinning drug.

The day of treatment:

You will arrive at the hospital you have chosen to attend at the time given to you by Dr Munglani's office. You stay will be as a Day Case Inpatient admission (and very occasionally as an overnight stay). On arrival at the hospital the staff will ensure that your paperwork is all in order and will then show you to your room or the Day Care Centre, as appropriate. You will be provided with the necessary theatre gown but if you wish you may bring your own dressing gown and slippers. Routine tests will be carried out by a nurse prior to your procedure such as blood pressure, pulse etc. Following this Dr Munglani will visit with you to discuss your procedure, following which you will be asked to sign a Consent Form.

The procedure will be carried out under x-ray screening. Once in the treatment room a small needle will be placed in the back of your hand. This is essential for safety reasons and allows Dr Munglani to give you sedation. You will feel relaxed and drowsy; please note this is not a general anaesthetic but following your procedure you may feel as if you have been asleep. A self-adhesive foil plate will be placed onto your thigh. This is connected to the radiofrequency machine to make an electrical circuit.

When you are in the correct position on the x-ray table, Dr Munglani will clean the treatment area with an antiseptic fluid, which can feel cold on your skin. A special hollow needle is then inserted. A very thin wire will be threaded down inside the needle and attached to the radiofrequency machine. Dr Munglani will then test the machine on different settings and eventually set to destroy the nerve by heating it for a minute. You may feel slight warmth and pain at the site of the procedure. This process may be repeated at different points on your back or neck.

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Following the injection:

After the procedure you will be taken to the recovery area before returning to your room/Day Care Unit. You may feel a little drowsy and wish to sleep. You will then be offered light refreshment.

Your blood pressure and pulse will be checked again prior to discharge and you may/may not have a visit from either Dr Munglani or his Pain Nurse Specialist.

PLEASE ENSURE THAT YOU HAVE ARRANGED FOR SOMEONE TO COLLECT YOU AFTER THE PROCEDURE. FAILURE TO DO SO WILL RESULT IN YOUR PROCEDURE BEING CANCELLED.

FOLLOWING SEDATION WE RECOMMEND THAT YOU ARRANGE FOR SOMEBODY TO STAY WITH YOU OVERNIGHT AND THAT YOU DO NOT DRIVE FOR 24 HOURS AFTER THE PROCEDURE.

Benefits:

In the longer term, this procedure provides excellent, long-term relief in about half of patients who have experienced good pain relief from diagnostic injections. Initial response rates are 70%. Pain relief may last at least three to four years in younger people and in older patients it may last longer. However, early re-growth of nerves is possible and sometimes re-denervation may be necessary after six months. Denervations may be repeated if the benefits wear off, usually after a good response to further injections.

Risks:

For up to three months after the procedure, you may experience an increase in pain. During this time extra painkillers may be required and physiotherapy will be recommended.

The chances of experiencing an increase in pain in the longer-term are less than 1%. Patients may, however, experience long-term numbness of the skin and occasionally soreness of the muscles. Very rarely, there may be some muscle weakness. Local anaesthetic and steroids are used to help cover post-operative soreness and these may cause headaches for a few days, very occasionally associated with temporary weight gain and rashes.

No procedure is risk free. Although long-term side effects and complications, including an increase in pain, are uncommon the possibility cannot be excluded. Short-term side effects of any procedure may include commonly, pain at the site of injection, increase in pain generally, and, far less commonly, infection, bruising, bleeding and injury of body structures with the injection procedure.

What to expect afterwards:

As previously mentioned, you may find that your pain gets worse before it gets better. You may notice a feeling of numbness, heaviness or pins and needles. This is normal and will wear off. It may help to use a hot water bottle or an ice pack on the affected area.

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Page 3 / Patient Information Leaflet on Denervation Procedures / Cont'd..

Take your regular painkillers as normal, although you may find additional pain relieving drugs may be required. It is important not to stop any drugs prescribed for pain relief suddenly. You should gradually reduce your medication, as you feel better. Try to keep on the move about the house but do not do anything too strenuous. As your pain decreases, you should try to gently increase your exercise. Simple activities like a daily walk, using an exercise bike or swimming will help to increase your muscle tone and strengthen the area. The best way is to increase your activity slowly. Try not to overdo things on good days, or you might end up paying for it with pain the following day.

Dr Munglani will write a letter to your GP and/or referring consultant, advising them of the procedure you have had carried out, and a follow up appointment will be made for you to be reviewed in due course.

Points to Remember:

1. Nothing to eat for 4 hours prior to your procedure but you can have small quantities of clear fluids until the time of the procedure. If you are diabetic please ask Dr Munglani for advice.
2. Please bring your glasses if you need them for reading.
3. Please bring either your actual medication or a list of all current medication (tablets).
4. Continue taking all your regular medication on treatment day.
5. If there is any possibility that you may be pregnant, please inform Dr Munglani as soon as possible.
6. You will be admitted to the hospital you have chosen to attend as a day case patient. You will be discharged after midday on the same day as the procedure (however, if you have been requested to stay overnight, you will be discharged early the following morning).
7. Please ensure that you have somebody to drive you home and that someone is available to stay with you on the evening following your procedure if you are discharged on the same day.
8. Please note that you should not drive for 24 hours following your procedure.

Additional Information:

Having read this leaflet, if you require further information or have any questions, please do not hesitate to contact Sarah Kelly, Dr Munglani's Pain Nurse on 079123 57430.

If you have any administration queries please contact Dr Munglani's PA Sue Sanalidro on 01223 479024

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