



**East Kent
Hospitals University**
NHS Foundation Trust

The Kent Centre for Pain Medicine and Neuromodulation: radiofrequency denervation of sacroiliac joints

[Information for patients](#)

This leaflet will explain what radiofrequency denervation of the sacroiliac joint for chronic pain relief is. If you have any questions, please speak to your GP or other relevant healthcare professional.

Sacroiliac joints

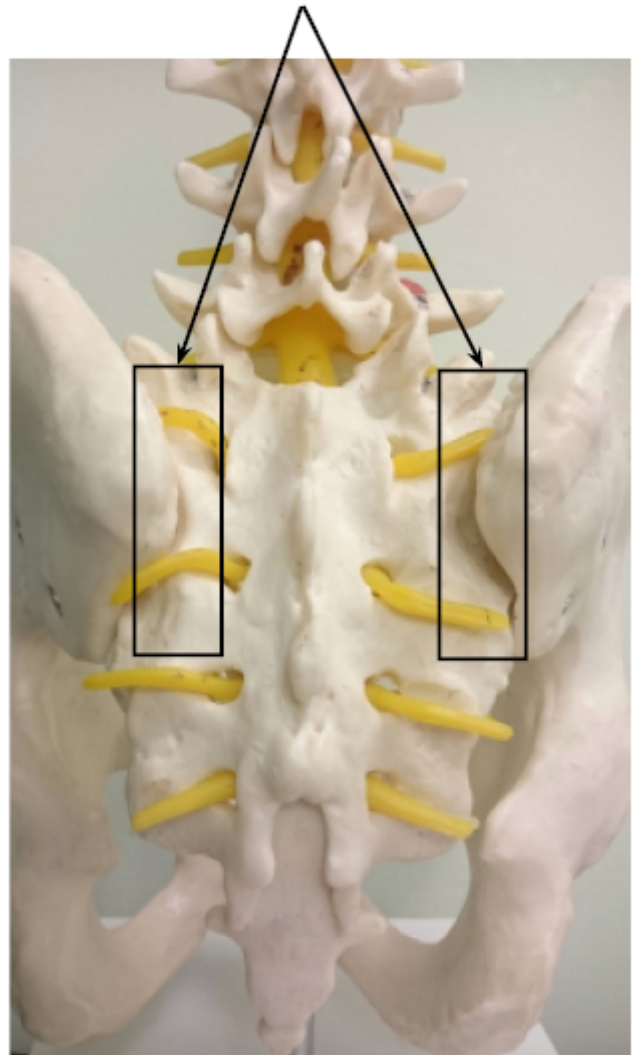
What are sacroiliac joints?

Sacroiliac joints lie next to the spine and connect the spine with the pelvis on both sides. There are two sacroiliac joints, one on the right and one on the left.

Sacroiliac joints do not move much, but they are essential weight bearing joints. Usually they cause no pain at all. However should one or both become inflamed or arthritic (also known as 'wear and tear') they can then become painful.

What is radiofrequency denervation?

Radiofrequency denervation is a procedure in which the nerve fibres supplying painful sacroiliac joints, are selectively destroyed by heat produced by radio waves delivered through an electrode using the tip of a heated needle. This treatment is not a cure but may reduce your pain temporarily.



Sacroiliac joints lying next to the spine, and connecting with the pelvis on both sides

Why am I having this procedure?

Before radiofrequency denervation is considered, you will have had a test block of the nerves supplying your sacroiliac joints to confirm your diagnosis. This treatment has offered you some relief that was thought to be significant by you and your doctor, but unfortunately it has worn off.

Radiofrequency treatment can last much longer than injections. Unfortunately it does not always work as well as we would like. If the relief you had from the injections was good, the chances are that radiofrequency treatment will help, but this cannot be guaranteed.

This process may be repeated on both sides of your spine. However, due to the complex nature of this procedure only one side will usually be treated at a time. You may be brought back at a later date to have your other side treated, if needed.

Will I have to stay in hospital?

Radiofrequency denervation is carried out as a day case procedure (you can go home on the same day). The procedure is carried out in one of the theatres in Day Surgery to minimise your risk of getting an infection. Shortly before your procedure you will be asked to change in to a theatre gown.

What happens during my procedure?

- The procedure is carried out under x-ray. This allows your doctor to identify the specific area to be treated. **It is important that you tell your consultant if there is any possibility that you may be pregnant, as x-rays may harm your baby.**
- A self-adhesive foil plate will be placed on your thigh. This is connected to the radiofrequency machine to make an electric circuit.
- You will be asked to lie down on your front. Once you are lying in the correct position, your doctor will prepare the area to be treated with an antiseptic solution which may feel cold.
- A local anaesthetic is injected at the site of the procedure. This may sting to start with, before your skin goes numb.
- It is important that you keep still during your procedure, as a special hollow needle will be carefully inserted under x-ray guidance in to the correct position.
- The above may be repeated at several points.
- The correct position of the probe is checked by two tests:
 - **sensory**: you may feel tightness, pressure, or tingling in the area; and
 - **motor**: you may feel some throbbing in the area.
- You must report the sensations accurately and promptly when asked. If there is throbbing in your leg or you have got no sensations on the tests the probe may be repositioned.
- The machine will then be set to lesion the nerve, by heating it for about one and half minutes. During this time, you may feel some pain at the site of your procedure.
- Local anaesthetic and steroid are injected after the probe has been removed, to relieve any discomfort following your procedure.
- A small dressing will be used to cover the injection sites. This can be removed after 24 hours. Do not worry if it falls off sooner.

What are the possible side effects?

- There may be some **pain and bruising** at the needle site, which should settle over a few days.
- You may have some **bleeding** from the needle site.
- You may feel **a little unsteady** when you first stand.
- The procedure may **make your pain worse**, this should stop within a few weeks.
- There is a small risk of **infection** at the site of the injections.

- You may have some **leg weakness or numbness**, which should stop over a few hours.
- Female patients may have **irregular periods**, due to the use of steroids.
- People with diabetes may have **unstable blood sugar levels** due to the steroid effects.
- Rarely, you may have some **mood changes** due to the steroids.
- Very rarely, there is a risk of **temporary or permanent nerve damage**.

What will happen after my injections?

- You will be discharged home one to two hours after your procedure.
- You must not drive for 24 hours following your procedure; please arrange for someone to drive you home from the hospital. We also strongly recommend that you have someone stay at home with you until the following day.
- You should start your normal activities as soon as possible. However, you should avoid any strenuous activities for at least one day after your injections.
- You may notice an immediate improvement, but improvement can be delayed for a few days or even weeks. Sometimes there may be a slight increase in pain. Steroids work slowly, so even if the procedure has worked well, nothing may seem to happen for several days. It can sometimes take several weeks before you notice the benefits from having had radiofrequency denervation.

Will I need a follow-up appointment?

A telephone appointment will be made for a nurse to call you approximately three months after your procedure. You will be told by letter of the date and time of this appointment. The nurse will review the outcome of the procedure, so they can plan what happens next and discuss this with you during your telephone appointment.

If you continue to have good benefit from the procedure, you may be discharged from the Pain Clinic.

Further information

If you have any concerns regarding the information in this leaflet or your procedure, please phone the Pain Clinic.

Kent Centre for Pain Medicine and Neuromodulation (direct lines)

- Kent and Canterbury Hospital, Canterbury
Telephone: 01227 783049
- Queen Elizabeth the Queen Mother Hospital, Margate
Telephone: 01843 235094
- William Harvey Hospital, Ashford
Telephone: 01233 616691

Useful information

More further information on chronic pain and its treatment options is on available on our Chronic Pain web page. (<https://www.ekhuft.nhs.uk/services/pain-services/>)

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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