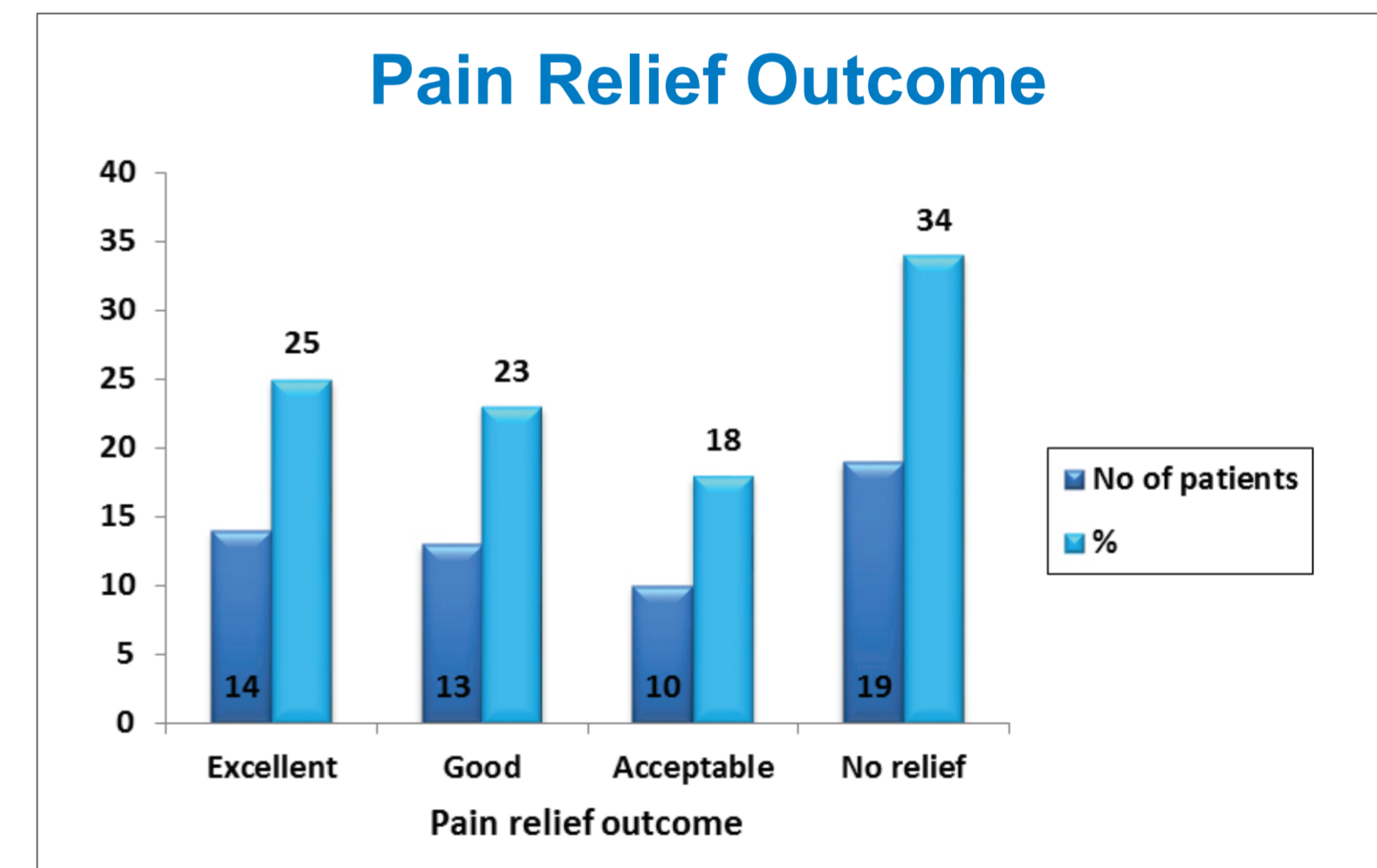
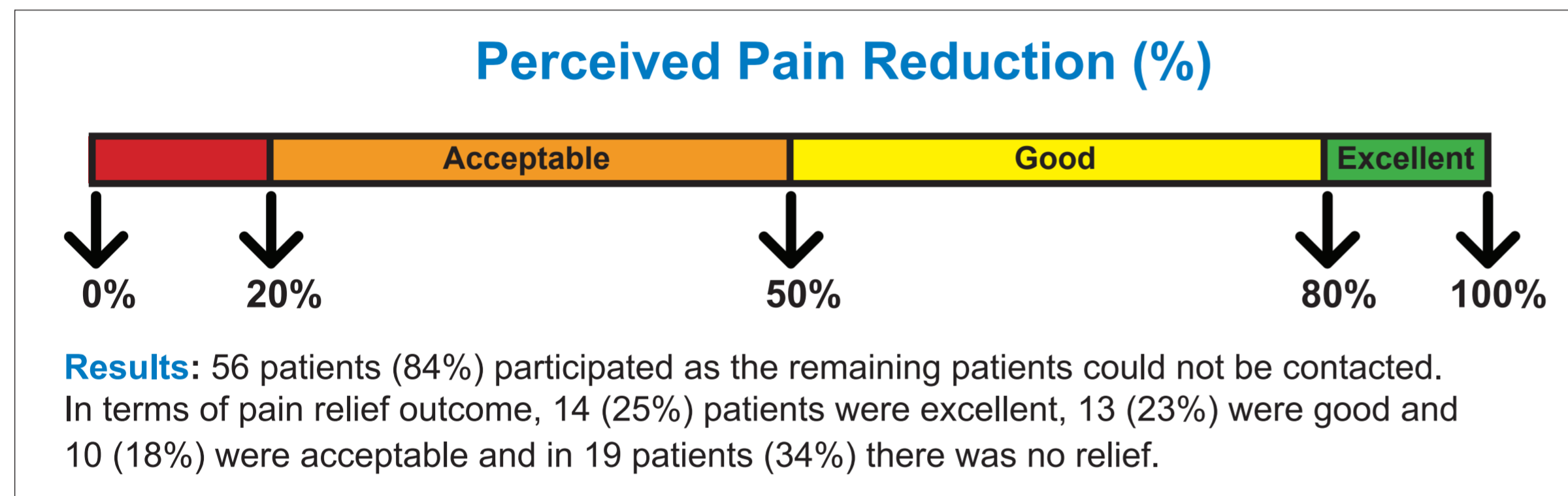


Audit on Radiofrequency Denervation of the Lumbar Zygapophysial Joints

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Background and aims: The British Pain Society Pathway Group recommends lumbar joint radiofrequency denervation for selected group of patients. Different trials and retrospective evaluations show strong evidence for short term relief and moderate evidence for long-term relief from facet joint pain. To determine the effect of radiofrequency denervation of the lumbar facet joints for relief of chronic low back pain, a prospective audit was carried out over a period of one year.

Methods: All patients (n= 66) with low back pain of more than six months duration with or without non-radicular radiation to the buttock, hip, and leg were included. Eligible patients underwent standardised diagnostic work-up, a self-reported pain questionnaire, physical examination, review of imaging studies and diagnostic blockades. Those with an appropriate response to single or double diagnostic blocks underwent standardised radiofrequency denervation of the lumbar zygapophysial joints. Patients were asked to estimate total perceived pain reduction on a scale of 0%-100% (> 80% excellent, 50%-80% good, <50% acceptable) 6 to 8 weeks after the procedure over the telephone.



Discussion: Nearly half of the patients had excellent to good pain relief, whilst less than one in five patients had an acceptable outcome. In the acceptable group for perceived pain reduction, more than two third of the patients (n=7/10) were within a range of 40% - 50%. From the remaining three patients; two were within the range of 30% - 40% and one patient was more than 20%. These patients (n=10) were included in the acceptable group because they had significant pain relief although it was less than 50%.

Conclusion: Radiofrequency denervation of the lumbar zygapophysial joints provides excellent to acceptable pain relief in 66% of patients for 6-8 weeks. We are going to re-audit to assess long term pain relief at six and twelve months following the procedure.

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