



## **Intrasept Basivertebral Nerve Ablation**

### **1. What is an Intrasept Basivertebral Nerve Ablation?**

Your doctor has diagnosed you with chronic low back pain that is likely related to degenerated discs in your lumbar spine causing the vertebral bodies that lie on top of these discs to become painful. Most people have had over six months of pain and failed more conservative measures such as physical therapy, medications, epidurals, facet injections and nerve ablations. This procedure is meant to ablate the Basivertebral Nerve permanently which is what makes you feel vertebrogenic pain. This nerve does NOT affect motor function or muscle strength. If you were to acutely injure your spine this procedure will not prevent perception of that pain. The goal of this procedure is to improve your quality of life and hopefully decrease the need for pain medications as well as avoid invasive surgery.

Note: The procedure can not be performed if you have an active infection, flu, cold, fever, very high blood pressure or if you are on blood thinners. Please make your doctor aware of any of these conditions. This is for your safety!

### **2. What are the risks of the procedure?**

Risks are remote but include bleeding, infection, nerve injury and allergic reaction to the medication (local anesthetic). There is also a chance that the procedure does not give you the results you are hoping for.

Some short-term side effects may occur. If local anesthetic spreads to nearby nerves you may have weakness or numbness that can last for 1 - 2 hours. If this happens you will have to stay in the Center until this resolves. You may have increased pain for a few days after the surgery. Diabetics may have short-term elevation of blood sugars. People prone to fluid retention may have increased fluid retention for 1 -2 weeks. Soreness is normal and you will be discharged home with pain medication and antibiotics to take for a few days.

### **3. Will the procedure hurt a lot?**

Soreness is normal and you will be discharged home with pain medication if necessary. Most people do not require more than Tylenol or Ibuprofen to the post procedural pain however pain medication will be available.

### **4. Should I take my medications on the day of surgery?**

IF YOU ARE DIABETIC TAKE NO ORAL DRUGS THE THE MORNING OF YOUR PROCEDURE. IF YOU TAKE INSULIN TAKE ½ DOSE OF INSULIN THE DAY OF THE PROCEDURE.

- Take all heart and blood pressure medications with a sip of water
- Take all asthma and COPD medications
- Take all morning medications with a small sip of water

5. **Do I need to stop my blood thinner?**

**For this procedure you will need to stop the following blood thinners:**

Aggrastat (tirofiban HCl) for 8 hours; Aigris (drotrecogin alfa) for 2 days; Arixtra (fondaparinux) for 2 days; Brilinta (ticagrelor) for 5 Days; Coumadin (warfarin) for 5 days; Effient (prasugrel) for 7 Days; Eliquis (apixaban) for 24 hours; Fradmin (dalteparin) for 8 hours; Lovenox (LMWH) for 24 hours; Integrelin (eptifibatide) for 8-12 hours; Plavix (clopidogrel) for 7 days; Pletal (cilostazol) for 42 hours; Pradaxa (dabigatran) for 5 days; Reopro (abciximab) for 2 days; Tielid (ticopidine) for 10 days; Xarelto (rivarozaben) for 24 hours

6. **What happens during the actual procedure?**

After signing a consent form and checking your blood pressure, the anesthesiologist will provide a dose of IV antibiotics as well as some mild sedation. You will be brought back to the operating room and turn yourself onto the table on your stomach. After making sure you are comfortable, you will be provided with deeper IV sedation. A sterile drape is placed, the skin is anesthetized (numbed) with a local anesthetic. The doctor will then make a few small incisions (about the size of an aspirin) and use a special X-ray machine called a fluoroscope which allows him to visualize the area without making a large incision. He will then place a probe into the vertebral body and use radio-frequency energy to permanently ablate the nerve. The entire procedure generally lasts about 45-60 minutes and medical glue will be placed over the incisions with a bandage. You will then be taken to the recovery room and you will be discharged to leave with your ride after M.D. authorizes discharge.

7. **How will I feel after the procedure?**

Most people don't feel any different immediately after the procedure though the pain may be temporarily improved or worsened. It is important to being walking as soon as you feel up to it. Post operative swelling can sometimes temporarily increase pain. It takes 4-6 weeks for the swelling to completely resolve.

Using an ice pack three or four times a day will help the pain post operatively. You may take your usual pain medications as well after the procedure.

8. **Will I have any restrictions on the day of the procedure?**

**You may not drive for the remainder of the day after your procedure. An adult must be present to drive you home or to go with you in a taxi or on public transportation. The procedure will be cancelled if you don't have a responsible adult with you. This is for your safety.**

No heat is to be used in the areas for the remainder of the day.

No tub bath or soaking in water (i.e. pool, jacuzzi, etc.) until cleared. Please do not get the area wet for 3 days.

9. **For what reasons should I call Dr. Roufaiel after the procedure?**

If you experience severe back pain, new numbness or weakness of your legs, loss of control of your bladder or bowels, or signs of infection in the area of the injection, you should call Dr. Roufaiel right away at 561-944-5534.