

Cooled Radiofrequency Ablation for Knee Pain

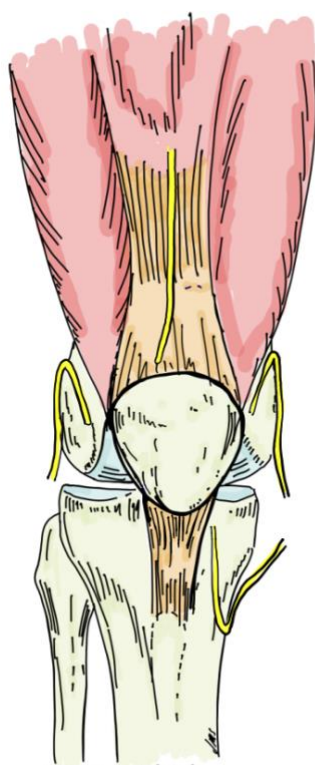
If your knee is painful and causing significant problems in your day to day life you may be suffering from arthritis. Dr Stevens regularly assess patients for knee conditions and can recommend knee surgery when required. Sometimes it can be difficult to know how many of your symptoms are coming from the arthritis, especially if you have back pain, hip pain or pain which is not typical for knee arthritis.

Non-surgical management of knee pain and arthritis includes weight loss, activity modifications and physical therapy. Other treatments include pain relief medications, anti-inflammatory medications and injections. An injection of local anaesthesia and corticosteroid into the knee can help but repeated injections can cause damage to cartilage.

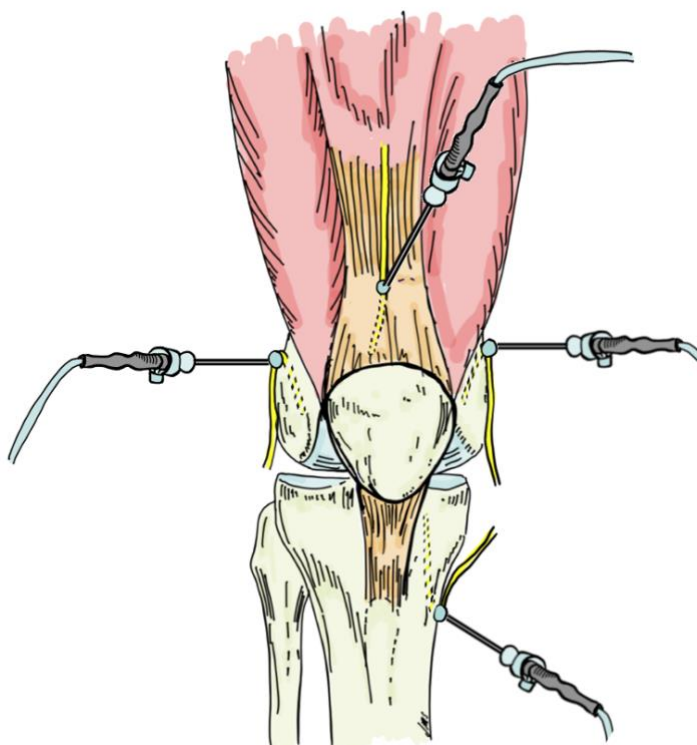
Cooled Radiofrequency Ablation targets nerves around the knee to prevent them from sending pain signals.

The suprapatella branch (Nerve to RI supplying the subpatella plexus), superior lateral, superior medial, inferior medial genicular nerves are targeted by radiofrequency ablation probes. Local anaesthetic is placed on the nerves after they have been deactivated.

If you and Dr Stevens decide to proceed with Cooled Radiofrequency Ablation of the knees then you will need a day admission to hospital. Dr Stevens' anaesthetist will look after you with sedation during the procedure. Dr Stevens uses an Image Intensifier machine to locate the region of these nerves and then uses Cooled Radiofrequency Ablation to deactivate these nerves.



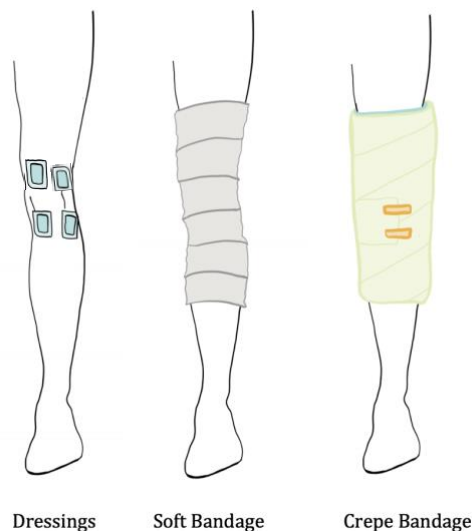
Nerves which
detect pain



Nerves are switched off

Once you have had your knee Radiofrequency Ablation, you may be able to begin to move the hip, ankle and knee under the instruction of Dr Stevens. Hospital physiotherapists will aim to safely have you mobilising after your procedure. This is important for your knee and general health.

A dressing and bandage will be placed over the needle sites.



Discharge home: After your procedure you will stay in recovery until you can sit up and safely begin to move around. When you are comfortable you can be discharged home with pain relief tablets.

Pain relief: After Cooled Radiofrequency Ablation it is normal to have pain or discomfort as the nerves have been targeted. You will be given pain relief tablets to take home with you when you leave the hospital. Take these over the next two to three days as you need.

It is a good idea to keep moving even after your surgery, it helps your blood circulation and stops your body getting too weak. Avoid any strenuous activity for the first 2 weeks, but gentle movement and walking is advised.

Review: After 2 weeks you will have an appointment with Dr Stevens to have your procedure sites checked. Dr Stevens will then give you advice on exercises and physiotherapy.

Driving: You can drive the day after your Radiofrequency Ablation if your knee feels strong enough.

Returning to work: This depends on the type of work you do. Most injections need 1-2 days off work.

- + Fever
- + Heavy bleeding or ooze from the wound
- + Increased swelling and redness around the injection site
- + Pain in the calf muscles or difficulty breathing

If you have any of these problems, please call Dr Stevens or his rooms on **03 5752 5020**