Efficacy of Radiofrequency Ablation in Chronic Pain Management

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Abstract
The aim of this study is to determine the efficacy of radiofrequency ablation in management of chronic pain. Radiofrequency ablation in pain management was done in 21 patients who were experiencing chronic pain in different regions of the body. Patients were divided into three groups according to region of pain i.e. chronic lower back pain, trigeminal neuralgia, and osteoarthritis. Pre-treatment and Post-treatment pain score were taken with numeric rating scale (NRS). Denervation was achieved in the pain originating region with the help of Cosman RFG-1A radiofrequency generator under fluoroscopy obtained from Axiom Artis U. The comparison between pre pain score and post pain score revealed the pain was almost nullified in 52% of the patients whereas in 33% it was reduced to tolerable levels and 15% still had some trouble, though pain was slightly reduced as compared before ablation. Radiofrequency ablation alleviated the pain in cases where oral medications were not enough and surgical management could not be done or had a failure.

Key words: Radiofrequency ablation, chronic back pain, trigeminal neuralgia, osteoarthritis, pain management.

Introduction

Radiofrequency has a wide range of medical application including in oncology, vascular surgery, cardiac and pain management. (1,2) Radiofrequency is a form of electromagnetic energy. It is non-ionizing radiation, unlike x-rays and gamma rays. It is absorbed by any living tissue in the form of heat. Radiofrequency ablation is used in pain management to destroy the conduction pathway of the nerve fibers responsible for transmitting the pain signals. (3) Regardless of whatever the heat source, the nerve fibers are destroyed when a maximum threshold is reached causing irreversible damage; inducing tissue necrosis through heating. (4) The main effect of radiofrequency occurs due to the absorption of these electromagnetic energies by the living tissues in the form of heat, without alternation of basic chemical structure in the cells. (5,6) Heating a cell at 45°C causes irreversible damage of the cells, however for complete destruction of cell requires a longer exposure. Cells are damaged within 1-2 minutes of exposure, when the exposure temperate is increased to 60°C.

Radiofrequency ablation for alleviation of pain has been used since 1900’s. Percutaneous radiofrequency ablation of trigeminal nerve divisions was first attempted by Hartel in early 1900s and later by sweet in 1970s. (7) Later, Choi and the team investigated the use of RF treatment to alleviate chronic knee osteoarthritis pain. The randomized controlled trial demonstrated greater improvements in pain, function, and satisfaction for patients treated with RF than for controls. (8) The use of RF ablation in pain management has been one of the good choices for a patient with chronic pain, but this technique has been out shadowed by newer techniques like laser therapy, gamma knife and micro-vascular decompression (MVD). In context of Nepal, for the patient who do not
chose surgical procedure as a treatment option as well as
patient where MVD results were not successful can go for
RF ablation.

**Method and Materials**

This study was approved by the medical ethics
committee of Annapurna Neurological Institute and
Allied Sciences (ANIAS). The medical ethics committee
approved a waiver of consent for the collection of data. A
retrospective series study was conducted between January
2016 and November 2019. All patients who underwent
RF ablation for various pain in ANIAS were included in
this study. The analysis was done based on pre operative
and post operative pain score rating. This study includes
descriptive analysis for efficacy of RF ablation.

A total of 22 patients of chronic pain who underwent
radiofrequency ablation were enrolled. Patients who
previously had surgical intervention for the management
of pain were also included in the study.

Cases were categorized as chronic back pain, knee
osteoarthritis and trigeminal neuralgia. Chronic pain was
considered only for the patients who had been experiencing
pain for at least 4 months. The pain analysis was done
based on the pain score assigned to patient pre-treatment and
post treatment. The pain score was assigned on the scale of 0 to 10 based on numeric rating scale (NRS), 0 being the condition with no pain and 10 being the worst possible pain. The pain score was assigned by visual and verbal examination of each patient.

Patients were taken a brief oral history about their
chief complaint, duration of pain and pain scale rating.
History of drug used for pain relief, other medications and
previous surgical history were taken. Some patients were
injected with steroids and some with local anesthesia and
asked for a follow up when the pain initiates. On the next
follow up, the patients were taken for ablation.

**RF Generator**

Cosman RFG-1A, radiofrequency generator, was
used to produce the required radiofrequency waves. The
Cosman RFG-1A produces radiofrequency waves of
480kHz which is in the range of medically used radio
frequency signal. Cosman RFG-1A provides a good user interface through which various parameters can be altered. For stimulation, the stimulation button and frequency for sensory and motor stimulation can be selected. The stimulation pulse (V/ma) can be varied through a knob. Continuous as well as pulsed mode RF

In this study, a continuous RF signal was used. The
time for exposure and the target temperature can be set
and is displayed on a Liquid crystalline display (LCD). Once the grounding pad was attached to patient’s body and the active electrode is placed on the target nerve the
device displays the impedance value of the nerve. The
impedance was maintained in between 200-300 ohm. Also,
the temperature of the nerve during exposure is displayed
which is near about the target temperature initially set by
the user.

**Trigeminal Neuralgia**

For the treatment of chronic facial pain patient
was placed in supine position with head extended. The
grounding pad was attached to the scapula. The
interventional procedure was performed under the
fluoroscopic image guidance. The image was taken with
Axiom artis U, an interventional lab from Siemens. The
C arm was positioned in a way to access the Foramen
Ovale. With local anesthesia, a 22-gauge 10cm RF guide

cannula was then inserted directed towards the pupil,
followed by the insertion of RF electrode. Once the
electrode was placed on the Foramen Ovale targeted to
trigeminal ganglion [Figure 1], a stimulation pulse of 2 Hz
is supplied with amplitude of around 1.5volts/amp. This
pulse causes the muscle contraction of lower jaw which
justifies the electrode placed on the trigeminal nerve.
The motor stimulation was then followed by a sensory
stimulation at 50Hz, application of which induces the

**Chronic Back pain**
The patient was placed in a prone position to access
the vertebral column and lumbar medial nerve. The
grounding pad was place on thigh. The guide tube and
needle were then inserted directed towards the lumbar
facet. The procedure was performed under the fluoroscopic
image guidance. Once the needle was placed on lumbar
facet and alongside of lumbar medial branch the RF
electrode was inserted via the guide tube. [Figure 2] Then
sensory stimulation of 50 Hz and motor stimulation of 2
Hz with pulse width of 1 sec was applied to confirm the
correct placement of the electrode. Once confirmed, the
lesion was made by application of RF pulse generating the
temperature of 60ºc for 60 sec. The lesion was repeated 2
to 3 times on trigeminal nerve to prevent nerve conduction of pain signal.

**Osteoarthritis**

Diagnostic criteria includes
(a) severe knee OA, pain lasting more than 3 months,
(b) positive response to a diagnostic genicular nerve
block and
(c) no response to conservative treatments.
Patient was placed on supine position to access the genicular nerve in knee. The grounding pad was placed on the thighs. For the pain management three nerves, superolateral (SL), superomedial (SM) and infero-medial (IM) branches of genicular nerve were ablated. As in facial pain and back pain the guide cannula and needle was first inserted under the fluoroscopic image guidance and once placed on target the RF electrode was inserted through guide cannula. The sensory and motor stimulation of 50 Hz and 2 Hz respectively were applied for confirmation of target and RF pulse at 60°C for 60 sec was then applied to ablate the nerve carrying pain signal.

Post interventional procedure
For all the cases, patients were injected with some local anesthesia and steroids to comfort him/her about needle penetration pain. The wound was cleaned and the patient was shifted to ward for observation. The patients were discharged on same day if no any complications or side-effects were seen during observation. The patients were asked for follow up on necessity.

Results
Out of 22 cases, 13 cases of chronic back pain, 6 cases of facial trigeminal neuralgia and 3 cases of osteoarthritis were analyzed. [Figure 5] Among the cases studied, 16 patients undergoing the radiofrequency ablation did not have any past surgical history for same pain management while 6 patients were previously operated for the management of same pain. [Figure 3] Male to female ratio was 4:1, with 17 male and 5 female were included in the study. [Figure 4]

Among the 13 (60%) patients treated for chronic back pain, 10 were diagnosed with the lower back pain, 1 was diagnosed with the discogenic pain and 2 with back pain in gluteal region. The average time span of complain for back pain was 31 months ranging from 4 months to 8 years. The average age of patients treated for back pain was 43±15 years. The pre-treatment pain score ranged from 8 to 10. [Figure 6] While the pain score reduced to the range of 0 to 3 after the radiofrequency ablation.

Six patients (27%) with trigeminal neuralgia, five were diagnosed with trigeminal neuralgia and one with post herpetic neuralgia. The average time span of complain was 6 years ranging from 2 years to 10 years. Four male and two females were treated with radiofrequency ablation. Among the six cases one male diagnosed with trigeminal was previously operated for the same pain. The average age of the patients was 54±15 years. The pre-treatment pain score ranged from 8 to 10. And the post treatment pain score did not exceed 2. [Figure 7] This suggests the complete alleviation of pain in patients treated for facial pain with radiofrequency ablation.

Similarly, three (13%) of the patients treated for chronic knee pain included three females with average age of 70±13 years, diagnosed with osteoarthritis. Their time span of complaint was 5 years, 3 years and 2 years respectively. Their average pre-treatment pain score was 9 which reduced to 2 after the radiofrequency ablation. The patient followed up with decreased pain and reported the easiness in movement.
Figure 3: Classification based on previous surgical management.

Figure 4: Classification of patients based on gender

Figure 5: Number of patients categorized based on their diagnosis.

Figure 6: Pain score for back pain.
Radiofrequency ablation in management of chronic pain

Discussion

Pain has been affecting quality of life in multiple ways. Some impacts of lower back-pain, to include, are experiencing a sense of disablement, changes in mood, and a lack of understanding from other people. Pain due to Trigeminal Neuralgia are often aggravated through basic life activities like chewing, speaking and swallowing. Osteoarthritis on the other hand has led people to complete restriction of movement.(11) Pain in whatever regions of body has affected people in both mental and physical aspect. Radiofrequency ablation, which is one of the technique or interventional procedure for pain management was studied to enhance its benefits over other surgical or non-surgical procedures.(12)

For patients with trigeminal neuralgia, whose annual incidence is about 0.0047%, had the options of microvascular decompression, radiosurgery and radiofrequency ablation for pain management.(13,14) Post RF treatment pain scores shows the efficacy of RF ablation among patients who were unfit for MVD or refused invasive treatment, even though reputed techniques like MVD and newer techniques like gamma knife therapy are available. In this study, RF ablation of trigeminal neuralgia performed on six patients showed 100% improvement in their pain, which suggests RF ablation to be a better option for pain relief in case of trigeminal neuralgia.

Similarly, the Symptomatic impact of knee osteoarthritis is estimated at 240/100,000 people per year. (15)Symptoms presented by patients with osteoarthritis include pain, stiffness, joint instability, functional limitations, and muscle weakness.(16) Study done on two of the patients with osteoarthritis treated with RF ablation, whose post interventional pain score was satisfactory decreased and showed easier and smoother movement. The results obtained in this study is supported by the findings of Choi et al, where 19 patients treated for osteoarthritis reported with decreased pain after RF ablation of genicular nerve. In the study 50% of the patient reported to be pain free while remaining followed up with decreased pain.(8) However, all the three patients with osteoarthritis treated in our center reported their pain subsided after ablation and did not complain of recurrence during their follow up.

Likewise, Low back pain (LBP) affects 9–17% of the world’s population annually, and is the foremost cause of years lived with disability.(17) We were able to mitigate the pain for 13 patients with the complaint of chronic low back pain. Among the 13 cases 47% of the patients reported they were pain free while remaining patients followed up with improvement in pain and increase in flexibility as compared to pre-intervention. This data suggests that though pain cannot be completely eliminated through RF ablation, it can improve the patients’ lifestyle by suppressing the pain to tolerable range. Similar study on 252 patients by Martinez-Suarez et al. reported 74% of the patient had symptomatic improvement of low back pain.(18) Radiofrequency ablation on 324 patients reported by Cho et al suggested the efficacy of RF ablation to 90%, where 45% patients were completely pain free and 55% had improvement in their condition.(19) These data in coherence with our studies proves the efficiency of treatment in low back pain with RF ablation.

Above all, the accuracy of target and correct performance is the crucial for a correct radiofrequency ablation. This accuracy and preciseness were confirmed with sensory and motor stimulation along with real time imaging. The results, however, does not compare the effect of radiofrequency. The objective of our study was
to reduce the pain in patients experiencing chronic pain that was either way not relieved by medication, refused to surgical management or where surgical management was not able to manage the pain. Ablation on different regions of body was done and the variation in results was due to uneven number of patients in each group, the patient selection criteria, and nature of pain.

In our study, radiofrequency ablation at 60°C limiting temperature over 60 seconds for three cycles was used. This radiofrequency approach used a time and temperature that are between typical pulsed radiofrequency modulation (40 °C) and continuous radiofrequency ablation (80°C or above) times and temperatures.(20) It was found that using this RF time and temperature protocol, the nerves were ablated enough to cause significant relief without completely damaging the nerve, causing profound numbness and complete loss of motor function.

This interventional procedure also incorporated patients with past history of surgery for same pain, patients who were not suitable for surgical management, and also patients with surgical failures. Few follow ups and no overnight hospital stay and short operative period can also be an add-on to the benefits of radiofrequency ablation that include minimal invasiveness, no chemical drug consumption and quick relief of pain. Furthermore, Radiofrequency ablation was not associated with any post-operative complications and recurrence of same pain. No complain of recurrence of same pain was observed from the patients. With all these evidences, radiofrequency ablation can be a go-to option for people dealing with chronic pain associated with lower back, knee or trigeminal nerve.

The patients with RF ablation in our center did not report any recurrence of the same pain. This proves the RF ablation to be very effective in pain management.

**Conclusion**

Regarding its efficiency, procedural time, recovery time and cost, Radio frequency ablation can be one of the go-to option in treatment of chronic pain associated with lower back, knee or trigeminal nerve.

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**Abbreviation**

RF: radiofrequency
RFA: radiofrequency ablation
TN: Trigeminal Neuralgia
MVD: Microvascular Decompression
LBP: Lower Back Pain

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