

**Instructions regarding your Basivertebral Nerve Ablation**

<b><i>What is it?</i></b>	A minimally invasive procedure that targets the basivertebral nerve for the relief of chronic low back pain. It is implant-free and preserves the structure of the spine. The BVN is the control center for the sensory nerves within the center of the vertebral body.
<b><i>Why is it done?</i></b>	To treat vertebrogenic pain (pain coming from the vertebra or vertebral column). This is low back pain that increases with sitting, bending forward, or coughing/sneezing, constant back pain, pain at night, morning stiffness, or worsening of symptoms with increased exercise.
<b><i>How is it done?</i></b>	This procedure is done at Specialist One Day Surgery Center on East Taft Road in North Syracuse. In the preoperative area you will; meet the team, review the procedure, sign consents and receive an IV. In the surgical suite, you will be put to sleep by the anesthesia team with a medication given through your IV. You will be able to breath on your own. This is known as monitored anesthesia care (MAC). A trained anesthesia clinician will monitor you continually while you are asleep. Next, your specially trained physician will make a small incision to gain access to the affected space. Under fluoroscopic guidance (live X-ray), the Intracept Introducer Cannula is advanced to create a channel to the basivertebral nerve. The cannula is similar to the needles used for other nerve block procedures you may have had. The Intracept Radiofrequency Probe is inserted into the curved path and placed at the basivertebral nerve. The Radiofrequency Generator is used to destroy the basivertebral nerve with thermal energy. This energy is applied for 15 minutes. Once destroyed (ablated) these nerves no longer transmit pain signals. Your doctor may repeat this step in several other vertebra, after which the incisions are closed – leaving nothing behind. You will be transferred to the post-operative area where you will spend 30-45 minutes before going home.
<b><i>When will I be scheduled?</i></b>	In general, you will have your procedure <b>6-9</b> months from the date the procedure is ordered. Prior to scheduling we will need the following: -Recent lumbar spine MRI -Approval from your insurance carrier -Clearance from your primary care provider -Clearance from any specialist you see i.e. Cardiologist, Pulmonologist, Oncologist, You will be contacted with the procedure date/time. If you are unable to accept the date and time, your wait time may need to be extended.
<b><i>You must tell your doctor if you have had any of the following:</i></b>	If you have ever had an allergic reaction to anesthesia, you <b>MUST</b> tell your doctor <b>BEFORE</b> the procedure is performed. * You <b>MUST</b> your doctor <b>BEFORE</b> this procedure if you are taking blood thinners, have a blood disease that affects clotting, have a bowel obstruction or have an uncontrolled infection.
<b><i>When do I come back to the office?</i></b>	* 7-14 days post ablation to meet with your performing physician * 13 weeks with a nurse practitioner /physician assistant * 6 months with your physician
<b><i>Risks of this procedure include, but are not limited to:</i></b>	<ul style="list-style-type: none"> <li>* Pain in the area where the cannula(s) was inserted. The pain can last for two to three days and can be treated by using ice and mild analgesics (pain medication) such as Motrin, Naprosyn or Tylenol.</li> <li>* Nerve injury including puncture of the spinal cord or nerve roots potentially resulting in radiculopathy, paresis or paralysis</li> <li>* Burns, vascular puncture, dural tear, embolism of fat, thrombus or other materials resulting in symptomatic pulmonary embolism or other clinical sequelae</li> <li>* Pedicle or vertebral body fracture</li> <li>* Bleeding, seizure, infection and/or bruising in the injection area. Increased pain</li> <li>* A reaction to the local anesthetic, including but not limited to: allergic reaction to the anesthetic medication, loss of consciousness, depressed breathing and cardiac arrest requiring transport to the emergency room.</li> <li>* Deep or superficial wound infection</li> <li>* Pneumothorax, Hematoma</li> </ul>

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<p><i>Will I receive a pre-procedure telephone call?</i></p>	<p>A nurse from our office will call you 24-48 hours prior to your procedure. She will ask you a few important medical questions, <b>AND</b> she will confirm your appointment. We must have <b><u>a verbal confirmation from you 24-48 hours prior to your procedure.</u></b> Failure to return our call could result in your procedure being rescheduled.</p>
<p><i>Where can I obtain more procedure information?</i></p>	<p>Please visit our website <a href="http://www.nyspineandwellness.com">www.nyspineandwellness.com</a>. It contains demonstrations of some of the procedures we offer. We also have other helpful information.</p>
<p><i>Can I drive home from the procedure?</i></p>	<p>You <b>MUST</b> have a ride home, and your driver should remain on site. You must not drive or operate heavy machinery for 24 hours. You are required to bring an adult (18 or older) driver that is able to assist you home from the procedure.</p>
<p><i>Can I eat breakfast or lunch?</i></p>	<p>No, <b>DO NOT EAT OR DRINK</b> for 8 hours before your procedure. However, you may take your medicine but only with a <b><u>small sip of water.</u></b></p>
<p><i>Can I take aspirin, or products containing aspirin or anti-inflammatories (NSAIDs)?</i></p>	<p><b>NO.</b> You must STOP taking ASPIRIN, products containing ASPIRIN*, and NSAIDs** (anti-inflammatories), 7 days prior to the date of your procedure. If you take FELDENE or DAYPRO, you must stop taking this drug 10 days prior to the date of your procedure. *Examples of ASPIRIN-containing products include but are not limited to: EXCEDRIN, FIORINAL, ALKA SELTZER, ECOTRIN, etc. ** Examples of NSAIDS include but are not limited to: Meloxicam (Mobic), Naproxen Sodium (Aleve), Motrin (ibuprofen, Advil), Naproxen (Naprosyn, Naprelan), Celebrex, Indomethacin (Indocin), Nabumetone (Relafen).</p>
<p><i>Can I take my blood thinner?</i></p>	<p><b>NO.</b> Our provider will advise you of the number of days to hold your blood thinner. Sometimes we may have to contact the physician who has prescribed the blood thinner for you to learn how long it is safe for you to be off the medicine prior to your procedure. If our provider does not advise you of this, one of our nurses will call you when we have obtained that information from your physician.</p>
<p><i>Can I take my other medications?</i></p>	<p>Yes, only with a <b><u>small sip of water (you must NOT take your blood thinner).</u></b></p>
<p><i>What time is my procedure?</i></p>	<p>You will receive a phone call one or two business days prior to your procedure to remind you of the time you should arrive for your procedure (usually 60 minutes prior to the scheduled time) and the location. <b>PLEASE BE ON TIME.</b></p>
<p><i>How long will it take?</i></p>	<p>We ask that you plan <b><u>1½ -6 hours</u></b> from the time you arrive at the center to the time you are discharged. Please understand that circumstances sometimes arise that are out of our control, which cause a longer delay. Please plan accordingly.</p>
<p><i>What do I bring?</i></p>	<p>1. Your current insurance information 2. A written list of all medications <b><u>including strength and frequency.</u></b> Please include over the counter medication, vitamins and herbal supplements.</p>
<p><i>Can I wear jewelry?</i></p>	<p>No. Please leave all jewelry and other valuables at home. We are unable to store them safely. Any body-piercing jewelry must be completely removed, as this may interfere with the x-ray machine.</p>
<p><i>What do I do if I am ill or have to cancel?</i></p>	<p>Please call our office 24 hours in advance if you are unable to keep your appointment. (315) 552-6700. We do charge patients for no call/no shows.</p>