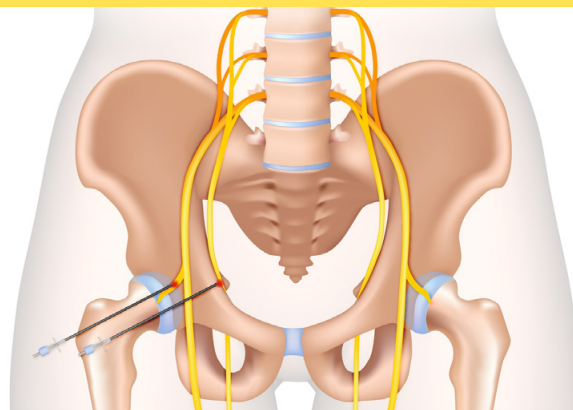


Hip Joint Nerve Block/ Radiofrequency Ablation



An obturator nerve radiofrequency ablation treats hip pain and inflammation and is a potential solution for individuals who want to avoid surgery or have pain after surgery. It is a two-step process including a diagnostic injection prior to the radiofrequency treatment.

How is it performed?

Prior to the radiofrequency treatment, you will undergo a diagnostic injection. This diagnostic injection will involve a small amount of local anesthetic which will be injected in two spots around the hip. These injections are done under fluoroscopic x-ray guidance to help ensure proper placement of the needle. If you experience an adequate amount of pain relief with these injections, you will be eligible for the radiofrequency treatment. The radiofrequency treatment will then entail creating a heat lesion around the identified nerves which will help to prevent pain signals from traveling to the brain.

Prior to your appointment

You will have the option of receiving no sedation or:

- oral sedation – or –
- intravenous sedation

If choosing sedation, you must not eat for six hours or drink anything for four hours before the procedure.

You may continue taking all medications except blood thinners before the procedure.

Conditions treated

You might benefit from a hip joint radiofrequency ablation if you suffer from:

- Chronic hip pain
- Osteoarthritis of the hip

To schedule a procedure

Please contact the nurse navigators to schedule any procedure.

- for McCullough-Hyde Ross Medical Center, call 513 246 7182*
- for Good Samaritan Hospital and Bethesda Surgery Center, call 513 246 7958*

*Please note these numbers are for scheduling only

To ask other questions

Please call 513 246 7000. Select Option 3 three times.

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◀ continued from front

What are some of the risks and side effects?

This procedure is a relatively safe, non-surgical treatment, with minimal risks of complications. Some of the most common or possible side effects are:

- Drowsiness the first day of the procedure is not uncommon if anesthesia is used.
- The most common side effect from the steroid medication is muscle cramping, increased appetite, flushing, headache, elevated blood sugar and nausea, which can last up to 2 weeks. Within the first 1-3 days, patients will commonly get a flushed, red face and a headache, which is related to the steroid medication itself.
- If you have congestive heart failure or are prone to fluid retention, you should monitor your weight each day after the procedure and call your doctor if you have a weight gain of more than 3 pounds.
- If you have glaucoma and experience blurred vision, you should call your ophthalmologist to have your eye pressures checked. Hiccups and temporary weakness in the legs have been reported, but again are very infrequent.

What to expect after the procedure

You might feel a weak or numb sensation where the medication was injected.

Ice is typically more helpful than heat during the first few days after the injection.

You should not drive or engage in physical activity for 24 hours following the procedure.

You may resume taking medications (except blood thinners) and regular eating habits immediately.

Slowly ease back into exercise routines over a period of one to two weeks.

You should call your doctor if you experience a fever over 101 within 72 hours of the procedure.

After the radiofrequency procedure, you can expect to have soreness around the injection sites for up to 3 weeks. Pain relief is typically improves each day with maximum improvement after a month. Pain relief typically lasts 6-14 months. However, not all patients will achieve pain relief with this procedure and some will experience shorter periods of pain relief than others.