



150 West Peachtree Avenue • Foley, Alabama 36535

Phone (251) 291-2311

Fax (888) 894-5212

www.coastal-spine.com

BASIVERTEBRAL NERVE ABLATION

Post-operative instructions

Basivertebral nerve ablation (Intrasept) treats chronic low back pain that comes from the vertebral endplates, the top and bottom surfaces of the bones of the lower spine. Through a very small incision, the physician guides a probe into the vertebra and uses radiofrequency energy to disable the basivertebral nerve, which carries pain signals from the endplates. No implant is left in your body.

Please also read our handout **Preparing for Your Procedure**. The facility where your surgery is performed will contact you with your arrival time and its own pre-operative instructions.

SURGERY DAY AND GOING HOME

- Most patients go home the same day. After surgery, you will be monitored in the recovery area until you have recovered from anesthesia.
- **An adult driver must bring you, stay at the facility during your surgery, and drive you home.**
- A responsible adult should stay with you for at least the first 24 hours after you get home.
- For 24 hours after anesthesia, do not drive, drink alcohol, operate machinery, or sign important documents.

CARE OF YOUR INCISION

You will have one or two, rarely three, very small incisions (about 1/8 inch) over your lower spine. They are covered with adhesive strips (Steri-Strips), which fall off on their own in about a week. Rarely, one small stitch is placed, which is removed in our office 10 to 14 days after surgery.

- **Leave the surgical dressing in place until your first wound check**, usually 2 to 3 days after surgery.
- After the wound check, you may shower once the incision has been clean and dry for 24 hours. Keep showers to 5 to 7 minutes. Let the water run gently over the incision; do not aim the shower spray directly at it.
- Do not scrub the incision or apply soap directly to it. Gently pat it dry; do not rub.
- Change the dressing daily for 10 days, or until all drainage has stopped, whichever is longer.
- Do not apply ointments, creams, powders, or other medications to the incision.
- **Do not soak the incision** in a bathtub, swimming pool, hot tub, or the Gulf for at least 6 weeks.
- A small amount of drainage for the first several days, mild swelling, and mild bruising are common. Call us if there is significant drainage, spreading redness, or a large amount of swelling.

PAIN AFTER SURGERY

Most patients have mild to moderate pain at the incision. Numbing medicine used during surgery usually wears off after 6 to 8 hours, so it is common for incision pain to increase that evening and the next day.

- Acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) is usually enough to control the pain, unless your physician tells you otherwise.
- Apply ice packs wrapped in a thin towel to the area for 15 to 20 minutes at a time as needed for discomfort and swelling. Never place ice directly on the skin.
- Pain medicine will not remove all of your discomfort. Some soreness at the incision is expected while you heal.

ACTIVITY

- Unless told otherwise, focus on **gentle walking** for the first week. Start with short walks in the house and gradually increase the time and distance.
- Limit stair climbing to 1 or 2 times a day for the first week.
- Avoid driving or riding in a car for long periods for the first week. After that, start with short drives with another adult in the car. Never drive while taking prescription pain medication.
- Do not lift anything heavier than a gallon of milk (about 8 pounds) for the first 2 weeks. After that, you may begin lifting light objects if you are comfortable.
- **If it hurts, do not do it.** You may resume sexual activity when you feel comfortable.
- Physical therapy helps many patients recover. Talk with us before starting or returning to an exercise program.

DIET AND MEDICATIONS

- You may return to your regular diet right away.
- You may restart your regular medications right away, with these exceptions:
- **Aspirin:** restart the day after surgery unless your physician tells you otherwise.
- **Blood thinners** such as warfarin (Coumadin), clopidogrel (Plavix), apixaban (Eliquis), rivaroxaban (Xarelto), or dabigatran (Pradaxa): **we will tell you when to restart.** Then follow up with the doctor who prescribes your blood thinner.
- **Constipation** is common after surgery and anesthesia, especially if you take pain medication. Drink plenty of water. An over-the-counter stool softener or laxative, such as MiraLAX, can help.

RETURNING TO WORK

Most patients with light-duty jobs return to work 1 to 2 weeks after surgery. Patients whose jobs require heavy lifting or physical labor may need longer. We will discuss your return to work at your follow-up visit.

WHAT TO EXPECT

Soreness in the low back for several days to a few weeks is common. Improvement in your back pain usually develops gradually over the first several weeks, and it may take up to 3 months to see the full benefit.

FOLLOW-UP APPOINTMENTS

- **2 to 3 days after surgery:** wound check and dressing change in our office.
- **10 to 14 days after surgery:** second wound check and removal of staples, if you have them.
- **6 to 8 weeks after surgery:** routine follow-up visit.

WHEN TO CALL US

Call 911 or go to the nearest emergency room if you have:

- Weakness, paralysis, or inability to move your arms or legs
- Loss of control of your bladder or bowels
- Chest pain or difficulty breathing

Call our office right away if you have:

- A fever of 101°F or higher, or chills
- Redness, warmth, swelling, or drainage from the incision, or an incision that opens
- Increasing back or leg pain
- Difficulty urinating
- New numbness, weakness, or a change in your symptoms compared with before surgery

Questions or Concerns

Call Coastal Spine & Pain at **(251) 291-2311**, Monday through Thursday, 8:00 a.m. to 4:30 p.m.

For a medical emergency, call 911 or go to the nearest emergency room.

CSP-PT-SURG-11 | Revised September 2026