

Bipolar Radiofrequency Ablation of Genicular Nerves in Patients with Pacemaker

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We read with great interest the recently published case report¹ entitled "Bipolar Radiofrequency Ablation of Genicular Nerves in Patients with Pacemaker". Radiofrequency ablation of genicular nerves seems to be a safe and effective for chronic knee osteoarthritis (OA) patients with a favorable response to diagnostic block. Although we applaud the work, we wish to draw the attention of the author to certain critical points which need to be clarified.

What are the absolute indications and contraindications and/or limitation for radiofrequency ablations? Is its used is common in this population of patients [patients with pacemakers (PM)] or rather it is better to be avoided in same?²

Several alternative treatments³⁻⁵ exist for these high-risk patients. We would like to know from the author that why he preferred the radiofrequency ablation over other available treatment.

Studies^{6,7} showed that PM are potentially vulnerable to the adverse effects of electromagnetic interference (EMI). Re-interrogation of the pacemaker after the radiofrequency procedure is critical and integrity of the pacing circuit should be assessed does the author thoroughly evaluate the device before and after the procedure to ensure that the functioning of the device is not changed or altered? We would also like to know that what strategies the author followed to minimize the adverse effect of EMI besides the mere presence of a physician.

The author has not explained the post-procedure protocols such as medications including antibiotics, analgesics or other supplements, physiotherapy schedule or any other precautions especially in concerning their high-risk factors and using an invasive procedure?

Does the patients had rescue analgesics (NSAIDs or topical products) for pain after the procedure if yes then how would the author evaluate the outcome?

The present study showed a gradual increase in VAS from one month (3/10) postprocedure to final follow up at 6th month (6/10). If the radiofrequency ablative procedure was successful then what were the factors which explained such shift in VAS? We think the failure to denervation of other articular branches would possibly explain this. We would like to have the author's comment on this.

How long does pain relief from radiofrequency ablation last? The nerves will grow back eventually and pain will probably return. If this is so, the procedure might be repeated? We would appreciate authors experience regarding this issue in context with the present study.

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