MINISTRY OF HEALTH

GUIDELINE ON THE USE OF

RADIOFREQUENCY ABLATION THERAPY

FIRST EDITION

MEDICAL PRACTICE DIVISION

JUNE 2024

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TABLE OF CONTENTS

1.0 ACKNOWLEDGEMENT 3
2.0 INTRODUCTION 5
3.0 OBJECTIVES 6
4.0 CREDENTIALING 7
5.0 INDICATIONS 8
6.0 CONCLUSION 10

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Additional reference:

Ana Fizalinda AS and Izzuna MMG. Radiofrequency Ablation for Arthritis. Information Brief. Ministry of Health Malaysia: Malaysian Health Technology Assessment Section (MaHTAS); 2021. 13 p. Report No.: 006/2020

2.0 INTRODUCTION

Radiofrequency Ablation (RFA) therapy is a minimally invasive procedure used in pain management to treat chronic pain. The goal of RFA is to relieve chronic pain and its symptoms by interrupting pain signal transmission from the sensory nerve to the brain.

RFA therapy is generally accepted for chronic pain management, especially in some cases of chronic cervical, thoracic and lumbar pain.

Despite its benefits, some potential issues with RFA should be considered including success rates, therapeutic frequencies, potential side effects, the durability of pain relief, alternative treatments to RFA, and cost-effectiveness for patients.

Additionally, there has been an increasing trend of unproven RFA uses, disputes concerning reimbursement for the procedure and medical practitioners performing outside of their disciplines.

Therefore, the purpose of this guideline is to outline the credentialing, indications, standard protocol and patient selection for interventional pain procedures, namely RFA.

This guideline is intended to serve only as a general reference regarding the appropriate charging protocol for the services described. This guideline does not constitute recommendations for treatment and is not intended to influence or govern medical decisions.

3.0 OBJECTIVES

3.1 To identify the appropriate indications for radiofrequency ablation therapy.

3.2 To outline the appropriate credentials and qualifications for the specialist who performs RFA.

3.3 To prevent specialists using RFA as the first line of treatment modality of chronic non-cancer pain management and performing RFA without proper indications.

4.0 CREDENTIALING

Credentialing of Specialist Medical Practitioners Performing Interventional Pain Procedures:

4.1 For the purpose of this guideline, a specialist is defined as a registered medical practitioner who is registered with the National Specialist Register (NSR).

4.2 An interventional pain procedure shall only be performed by a specialist who possesses a recognized pain management or interventional pain certification or has undergone formal training in this field locally or internationally from certified institutions or centres as stipulated by their respective specialties.

4.3 A specialist shall perform interventional pain procedures that are widely accepted and peer-reviewed by their respective disciplines.

4.4 A specialist other than a pain interventional specialist shall only perform radiofrequency ablation (RFA) procedures that are within their specialty.

4.5 Any complications that arise from the RFA procedures are the responsibility of the specialist who has performed the procedure.

4.6 The RFA devices and related equipment used must be approved and certified by the Medical Device Authority (MDA) of the Ministry of Health Malaysia.

4.7 A formal written consent must be obtained by the treating specialist before any procedure using RFA is performed.

4.8 All specialists must comply with the Code of Professional Conduct of the Malaysian Medical Council (MMC) or the Private Healthcare Facilities and Services Act 1998 (Act 586) or any other relevant legislation.

5.0 INDICATIONS

5.1 All **chronic non-cancer pain** patients should undergo appropriate conservative medical treatment (pharmacological and non-pharmacological) for at least three (3) months from the onset of pain before proceeding to radiofrequency ablation (RFA).

5.1.1 RFA is only indicated for patients who have reached the **age of 18 and above**.

5.1.2 Patients should be properly staged before considering RFA.

5.1.3 In degenerative large joint diseases and spine conditions, RFA is only considered for the following patients who:

5.1.3.1 have failed appropriate conservative medical treatment (pharmacological and non-pharmacological) for at least three (3) months from the onset of pain; or

5.1.3.2 are at high risk for surgery or anaesthesia; or

5.1.3.3 refuses any surgical intervention after failing appropriate conservative medical treatment as in para 5.1.3.1.

5.1.4 During the acute pain phase (duration of 3 months or less from the initial pain symptom), **RFA is NOT permitted**. A specialist may consider other modalities of treatment such as blocks (e.g., nerves, facets, etc.) for acute pain.

5.2 A given time of at least three (3) months is permitted to assess the clinical efficacy of RFA treatment at any one particular anatomical structure. A repeat RFA procedure at the same anatomical structure is **not allowed** within the first six (6) months of the first RFA procedure.

5.3 A maximum of three (3) RFA procedures may be performed on the same anatomical structure.

5.4 RFA may be repeated every six months to one year if necessary.

5.5 A specialist shall adhere to the recommended or standard operating procedure regarding the intensity of RFA.

6.0 CONCLUSION

It is recommended that this guideline is adopted by users of RFA with the common goal of providing an appropriate, safe, effective and sustainable treatment modality for patients.