Benefits and risks

Benefits[2]

- Pain reduction
- Minimally invasive
- Implant-free
- Outpatient procedure
- Could reduce opioid use
- Short recovery time*
- Functional improvement

Possible risks of BVNA[2]

- Bleeding
- Infection
- Nerve damage
- Increased back pain

Please consult with your doctor for the full list of possible side effects related to the BVNA procedure.

72% of patients

reported at least 50% improvement in pain scores 24 months after treatment[3]

74% of patients

reported a reduction in opioid medications for low back pain, and 84% of patients reported a reduction in spinal injections for the same pain at three years following the treatment[4]

*Patients can expect to be discharged the same day, but this may vary depending on individual conditions.

Contact us to schedule a consultation:

Talk to your doctor for more information.

Interventional Spine

Find bibliographic information online at strykerivs.com/footnotes/bvn-patient-brochure

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Pain doesn't hold the power. You do.

Basivertebral nerve ablation

Take back the power from pain

If you're dealing with chronic low back pain*, and when other treatments have failed or fallen short, basivertebral nerve ablation (BVNA) may be the right answer for you. This minimally invasive treatment can be impactful and restore your quality of life.[1]

*Vertebrogenic lower back pain of at least 6 months.

What is **BVNA?**

Understanding vertebrogenic low-back pain (LBP)[2]:

Vertebrogenic LBP is a chronic pain originating from the vertebrae, specifically due to damage or degeneration of the vertebral endplates. These endplates are thin layers of cartilage and bone that connect vertebral bodies to intervertebral discs and are vulnerable to injury, degeneration and inflammation.

The sinuvertebral nerve, which arises from the spinal nerves, enters the vertebral body through the basivertebral foramen. It then branches out to the vertebral endplates, transmitting pain signals from damaged tissue. This nerve is the target for the BVNA procedure aimed at relieving pain.

This condition is distinct from other types of low back pain, such as those caused by herniated discs or muscle strain, as it specifically involves the vertebrae and nerve signals from damaged endplates.

Contact your doctor if you're exhibiting any of these lower back symptoms[2]:

- Back pain that doesn't go away in a couple of weeks
- Low back pain that doesn't improve with medication
- Worsening back pain
- Tingling, numbness or weakness
- Difficulty standing or walking

What you can **expect**

Before

Your doctor will confirm your diagnosis. If you are a good candidate for BVNA, your doctor will ask you for the following information:

- Current medications, including herbal supplements and their dosages
- Known drug, iodine or latex allergies
- Current health conditions and past medical/ surgical history

During

BVNA is a minimally invasive, outpatient procedure that relieves chronic vertebrogenic LBP by deactivating the nerve responsible for transmitting pain signals from the vertebral endplates. Using imaging guidance, a specialized probe is inserted through a small incision in the back and directed to the basivertebral nerve. Radiofrequency energy is then applied to the nerve, disrupting its ability to send pain signals to the brain.

This procedure aims to provide long-term[5*] relief for patients with vertebrogenic pain, especially when other treatments like physical therapy or medications have failed.

After

Your blood pressure and pulse will be monitored before you go home. You may feel sore or have pain in the treated area, and post-procedure monitoring and care may vary depending on the center's protocols and your needs. Most patients normally return home on the same day.[2]

Please see the **Benefits and risks** section of the brochure for more information.

*The evidence shows patients treated with BVNA had sustained benefits in pain and function for up to 5 years.

How it **works**

Procedure overview

1

Under x-ray guidance, your doctor inserts an access cannula to advance just inside the posterior wall of the vertebral body.

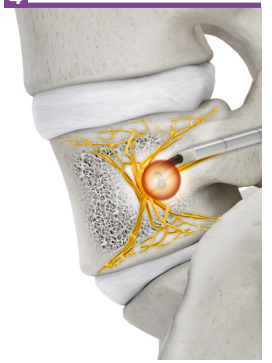
2

Your doctor inserts the introducer down the access cannula and advances the curve into the vertebral body.

3

Your doctor inserts the probe, connects the microinfuser and adjusts the spacer/probe placement to the correct position.

4



Ablation occurs to surrounding tissue using radiofrequency energy.