Endoscopic Neurotomy is a minimally invasive approach to treating degenerative disease of the lumbar facet joints. These joints can become painful after previous spinal surgeries or through the process of joint deterioration, which is a leading cause of non-radiculray lumbar back pain. In order to accurately determine if a neurotomy will be successful in reducing low back and/or leg pain, patients may undergo a medial branch block. If the patient experiences greater than a 50% improvement in their low back and/or leg pain, then they will be successfully diagnosed with facet mediated pain, and therefore be a candidate for the radiofrequency denervation procedure.

In the typical radiofrequency denervation procedure, a needle is first inserted through the skin using X-ray guidance followed by the deployment of a small radiofrequency probe used to terminate the sensory nerve signal. A common drawback to this procedure is the inability to confirm that the sensory nerve was fully denervated.

Spinal fusion is a more definitive approach to ensuring the pain is addressed, however this approach is much more invasive and produces permanent changes to the spine’s function and mechanics.

**Endoscopic Neurotomy** reduces the need for the more invasive spinal fusion while allowing greater success rates through the ability to visualize the spinal anatomy and sensory nerves being interrupted during the procedure. The visualization of the sensory branch of the nerve makes for a much more accurate treatment option to facet mediated low back and/or leg pain. It is also less invasive than a spinal fusion and more precise than a typical radiofrequency nerve ablation.