



### EPISODE SHOW NOTES

00:00 Understanding Knee Pain & OA

05:49 Genicular Nerve Ablation  
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### EPISODE SUMMARY

In this episode, Dr. Christopher Gay breaks down knee pain from osteoarthritis — and introduces two procedures that most patients have never been told about.

Most people know about cortisone shots and knee replacement surgery. But there is a middle ground. Dr. Gay explains — in plain language — two minimally invasive options that can help when shots stop working and surgery feels too big.

### WHAT YOU'LL LEARN

- Why knee OA is more than just "wear and tear"
- How inflammation drives the pain cycle
- How GAE blocks blood flow to inflamed tissue
- How GNA quiets the nerves carrying pain signals
- How to choose between GAE and GNA
- What to ask your doctor at your next visit

### SOUND BITES

#### "You know the story — your knee hurts."

How Dr. Gay opens — meeting patients where they are.

#### "OA is more than just wear and tear."

Inflammation, not just cartilage loss, drives the pain.

#### "Two minimally invasive treatments."

GAE and GNA as real alternatives to surgery.

### KEYWORDS & TOPICS

- Knee pain
- Osteoarthritis
- Genicular artery embolization
- Genicular nerve ablation
- Pain management
- Minimally invasive treatments
- Interventional radiology
- Knee procedures
- Pain relief
- Arthritis treatments

### ABOUT THE HOST

Dr. Christopher Gay is a double board-certified anesthesiologist and interventional pain specialist in Anchorage, Alaska. MD from Columbia University. MBA in healthcare leadership. He co-hosts The Nervous Breakdown to make complex medical topics accessible —

### KEY TAKEAWAYS

- Knee OA is driven by inflammation**  
It's not just wear and tear. Swelling inside the joint — and new pain nerves that grow with new blood vessels — are major drivers of knee pain.
- GAE: Block the blood supply to the pain**  
Genicular artery embolization uses tiny particles to block the abnormal blood vessels feeding inflammation. Less blood flow = less swelling = less pain. Outpatient. No incision. Go home same day.
- GNA: Turn down the volume on pain**  
Genicular nerve ablation uses heat to quiet the small nerves that carry pain signals from your knee to your brain. Outpatient. Relief lasts 6 to 12 months.
- Both are backed by research**  
GAE: 55–86% success rate, relief up to 2 years. GNA: endorsed by AAOS and American College of Rheumatology.
- An MRI can guide the choice**  
If your MRI shows swelling or fluid, GAE may work better. If there's less visible swelling, GNA may be the better fit. Both require a specialist referral.
- There is a middle ground**  
Shots stopped working. Surgery feels too big. GAE and GNA fill that gap.
- Ask your doctor — by name**  
Ask specifically: "Am I a candidate for GAE or GNA?" Many patients never hear about these options.

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