Multimodal treatment of chronic low back and lower extremity pain: the role of percutaneous epidural adhesiolysis

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Background and Goal of Study

- ❑ As our population ages, chronic low back (LB) and lower extremity (LE) pain present a tremendous cost Worldwide
- ❑ Percutaneous epidural adhesiolysis (PEAL), an interventional pain management technique, has proved to be effective in LB and LE treatment, secondary to epidural scarring, nonresponsive to other modalities of conservative therapy
- ❑ While epidural adhesions most commonly prevail in failed back surgery syndrome (FBSS), evidence suggests of mechanical pain presence, associated with nerve root involvement, in spinal stenosis (SS) and lumbar radiculopathy (LR)
- ❑ We aimed to investigate patients' demographic and procedural variables associated with outcomes after PEAL performed at our One-day Surgery Clinic

Materials & Methods

- ❑ A total of 74 patients underwent one day PEAL for FBSS (n=17), SS (n=4) and LR (n=53) during 2016

Results

- ❑ There were 48 (65%) female patients, aged from 23 to 87 years (median 55)

Pre-PEAL	Peri-PEAL	Post-PEAL
<ul style="list-style-type: none">❑ Along the course of multimodal treatment all patients underwent physical therapy, coupled with acupuncture, prior to PEAL	<ul style="list-style-type: none">❑ During every PEAL flow it was possible to elicit patient's usual pain by probing the epidural scar tissue❑ Average of 16 mL [med 16(16-18)] targeted hyaluronidase, local anaesthetic, and steroid volume delivery was installed throughout each procedure	<ul style="list-style-type: none">❑ Initially, 100% of the patients reported relief, which declined to 84% at 2 months post-PEAL❑ The correlation between the amount of volume injected and relief of pain was not significant (rs = -0.03; P=0.877)

Conclusion

- ❑ The use of larger volumes for lysis of epidural adhesions is effective treatment option for FBSS, SS and LR patients