Euroanaesthesia 2018

The European Anaesthesiology Congress

THE EFFECTIVENESS OF ONE-DAY EPIDURAL LYSIS OF ADHESIONS IN PATIENTS WITH CHRONIC LOW BACK AND LOWER EXTREMITY PAIN

Boris Tomasevic¹, Mirjana Miric¹, Dora Karmelic¹, Ksenija Bazdaric², Slobodan Mihaljevic¹, Ileana Lulic¹

¹Department of Anaesthesiology, Reanimatology and Intensive Care Medicine, Clinical Hospital Center Zagreb, Zagreb, Croatia

²Department of Medical Informatics, Rijeka University School of Medicine, Rijeka, Croatia

Background and Goal of Study:

Epidural lysis of adhesions (LOA) is gaining popularity in treatment of chronic low back (LB) and lower extremity (LE) pain, secondary to failed back surgery syndrome, spinal stenosis, or lumbar radiculopathy. Epidural LOA technique comprises of epidural space access through the sacral hiatus, catheter advancement to site of adhesions, mapped by epidurography, and adhesiolysis via the high-volume administration. Factors contributing to enhanced LOA effectiveness are due to administration of: high volumes,

hypertonic saline, hyaluronidase, and navigable catheter mechanically disrupting epidural scar tissue. Aim of our study was to evaluate short-term LOA effectiveness in patients with chronic LB and LE pain treated at our center's outpatient Clinic.

Materials and Methods:

Between January 1, 2016, and January 1, 2017, a total of seventy-four patients, with persistent/recurrent LB and/or LE pain, underwent epidural LOA. A one-day LOA protocol was instituted, with administration of hyaluronidase, local anaesthetic, and steroid through

epidural catheter. Short-term efficiency outcome was defined as improvement in Visual Analog Scale pain score in rest (VASr) and Visual Analog Scale pain score in motion (VASm) one month after LOA compared to baseline.

Results:

There were 48 (65%) female patients, aged from 23 to 87 years (median 55). There was statistically significant improvement in VASr pain score [med 6(3-8) vs. 4.5(0-7); $P=0.025$], and in VASm pain score [med 8(6-9) vs. 6(3.25-7); $P=0.005$] one month post-LOA, respectively.

Conclusion: Epidural LOA proves to be a useful treatment for the relief of chronic intractable LB and LE pain refractory to conventional therapy.