

LUMBAR EPIDUROLYSIS WITH SINGLEDOSE OF HYPERTONIC SOLUTION 10%. A NEW ALTERNATIVE FOR LUMBAR RADICULOPATHY

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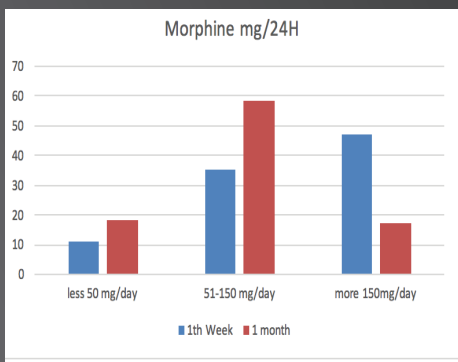
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Introduction

Low back pain treatment frequently need pain management interventions. Hatten in 1980, described epidurography in 1967 Hitchcock administered intrathecal hypertonic saline. Racz used it epidural to break adhesions. In our hospital, lumbar radiculopathy found a prevalence of 17.61% in 2014 and 19% in 2015.

Objective

Demonstrate the benefits and clinical improvement with the use of 10% hypertonic solution singledose.



Material y methods

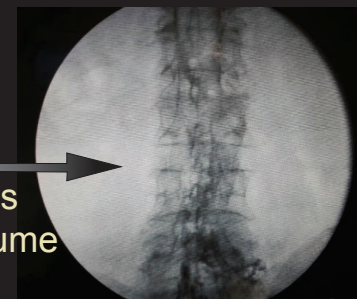
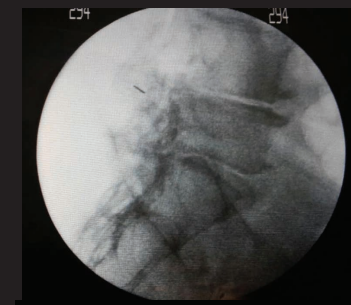
A manual research in the archives of the institute. From years 2014 to 2015. We conducted a retrospective, observational study. Valued conformity, functionality and medication decrease. Procedure always be performed under fluoroscopic guidance. Type I monitoring, patient prone with a pillow under the abdominal region, sterilizing the puncture site, the sacral hiatus it's localize, local anesthetic infiltration entry point, Touhy #17 needle puncture is located, corroborated the epidural space location, proceed to manage up to 3 ml of contrast, introduction of epidural catheter, once reached the target point (L4-L5), single dose of hypertonic solution was administered diluted with local anesthetic and steroid 10ml total volume, we realize an adhesiolysis introducing 5ml air volume. Patients were discharged to home with NSAID treatment and 1 week and 1 month later clinical evaluation.

Results

Perform 93 procedures with a success of 70% of wich 67.74% reduced medication more than 50%, recover functionality 70% and 60% were very satisfied.

Conclusions

Evidence of adhesiolysis with hypertonic sodium is moderate to strong, in this study clinically better results with 10% hypertonic solution with a decrease up to 50% of pre-procedure analgesic requirements.



Adhesiolysis with air volume