EFFECTIVENESS OF TRANSFORAMINAL EPIDURAL STEROID INJECTIONS WITH BLUNT NEEDLE IN RADICULOPATHIC PATIENTS: AN EIGHT MONTHS EXPERIENCE.

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Background and objective: Transforaminal epidural steroid injections under fluoroscopy are an alternative treatment for lower back pain with radiculopathy. We followed 30 patients with radiculopathy in 2 weeks, 1, 3, 6 and 8 months period after the first injection, in order to assess their effectiveness. 30 patients with radiculopathic back pain due to herniated discs underwent transforaminal epidural steroid injections under fluoroscopy. All of the patients were followed with routine examination period.

Methods: After we obtained informed consent, (ASA physical status I-II, age 18-80 years) 30 patients underwent lumbar epidural steroid injections for radiculopathic low back pain due to herniated discs were enrolled to the study. For the transforaminal approach, a 22 gauge curved blunt needle was used. The needle was placed in the superior and anterior aspect of the corresponding neuroforamen under frequent fluoroscopic guidance, using standard technique. At any session, the transforaminal injection was performed at or below the level of disc herniation. A combination of 80 mg triamcinalon acetate with 1 to 2 ml f lidocaine 2 % was injected. The blunt needle was then withdrawn and the patients were transfered to the recovery area where they were observed 60 minutes prior to discharge home. All patients were followed up at 2 weeks, 1, 3, 6 and 8 months period after their first transforaminal epidural steroid injection.

Results: None of the patients had any medications including anti-inflammatory agents, opioids, antidepressants and anticonvulsant, at the time of their initial assessment. 21 patient (70%) underwent only one epidural steroid injection, whereas 9 patient (30%) underwent for the second injection during eight months period. The most significant improvement in the pain score was seen at the first 3 months. VAS was 4.97±1.45 at the initial assessments and reduced to 2.56±1.25 at the end of 3 months. Dural puncture, spinal cord trauma, infection, hematoma formation, abscess formation, subdural injections, nerve damage, intravascular injection, did not occur in any of the patients.

Conclusion: Transforaminal epidural steroid injections can offer significant pain reduction up to 3 months initiation of treatment in patients with radiculopathic low back pain and blunt needle can help to reduce complications caused by sharp needles.

Key Words: epidural injection, low back pain, steroids.