Increase Incidence and Risk of Epidural Scarring with Injection Therapies

Introduction

As sureties demand more lengthy and arguably, redundant pre-surgical therapies for most spinal operations, the sheer numbers of procedures and practitioners within pain mitigation. The number of providers exclusively administering to patients for injection therapies only has also expanded, relinquishing the clinical evaluations and typically, doing out repetitive injection therapies prior to surgical consultation. When surgical therapies are rendered, this practice of complex spinal disorders have recorded a marked increase in epidural scarring which fundamentally augments time allotments in the OR, risk to patient, potential outcome effectuation, and upward liability.

The cottage industry of plenteous injection therapies for spinal conditions is almost unchecked in the potentiality of complications. These issues are raised in this study as these providers have witnessed at a surgical perspective and symptomatic overview, marked increases in post-injection disclosures.

Methods

A two year retrospective, observational review produced seventy-five patients cohort, who had undergone first time, single level laminotomy/microdiscectomy following extensive conservative therapies including epidural and transforaminal injections. This cohort was evaluated for increase eschar formation as a result of these injection therapies at the time of surgery. Illustrative case presentation of this phenomena follows in the table below.

Results

A twenty-five percent incidence of eschar formation was recorded on this retrospective review from post-operative summaries. There is currently a baseline review underway for ten years previous to reference the rate of eschar occurrence, which we believe is higher following this cultural shift in conservative treatment and practice standards from current to previous case evaluation.

Case Presentations

<table>
<thead>
<tr>
<th>Case</th>
<th>Procedure</th>
<th>Scar Formation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lumbar Laminectomy for cyst</td>
<td></td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Lumbar Laminectomy for Disc Herniation</td>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>Lumbar Decompression Spondylolisthesis and Fusion</td>
<td></td>
<td>VG/Good</td>
</tr>
</tbody>
</table>

Below: MRI demonstrating pre-operative scar formation following epidural injections therapies

Conclusions

The prospect of encountering scar and adhesions in the setting of any spinal procedure augments the risk to patients and further the possibility of uncertain outcome in these surgical endeavors.

Citations

https://www.painmanagementtruth.com/treatments/pain-managementtruth/epidural-injections-study