INTERVENTIONAL PAIN PROCEDURES LOWERS THE USE OF OPIODS AFTER SPINAL FUSION FOR THE ELDERLY POPULATION

INTRODUCTION :

There is limited data showing the benefit of combining epidural nerve blocks during the first twelve months post-spinal surgery in reducing post-operative pain and improving surgical outcome. Elderly patients are well-known to have poor opioid tolerance due to their increased risk of cognitive impairment, urinary retention, respiratory depression, and gastrointestinal intolerance. The challenge for surgeons is how to limit the use of opioids during the postoperative period and still adequately
control pain.

AIM:

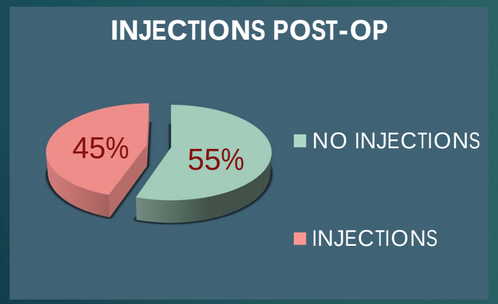
This pilot study aims to show that the use of epidural injections in the first 12 months post-spinal fusion can lessen the use of narcotics and improve surgical outcome including VAS and ODI scores.

METHODS:

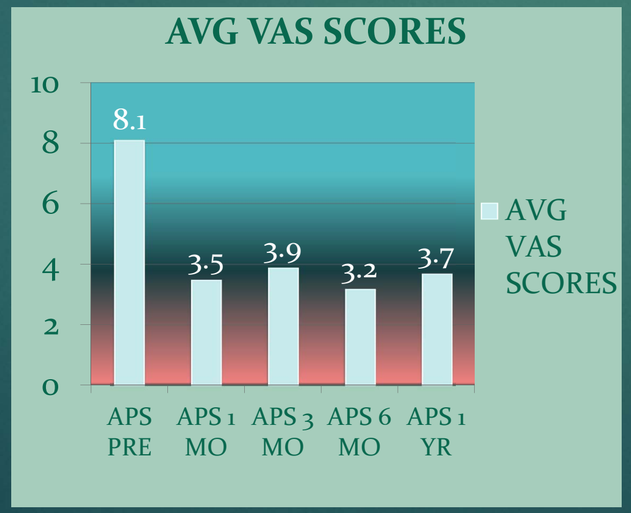
Between April 2014 and May 2016, 69 patients ages 65 to 88 underwent sequential spinal fusion for degenerative spinal stenosis with instability. Data was collected by retrospective chart review and included VAS, ODI, narcotic usage, LOS, and blood loss over a 12 month time period. The frequency of injections which included facet blocks and transforaminal injections was observed.

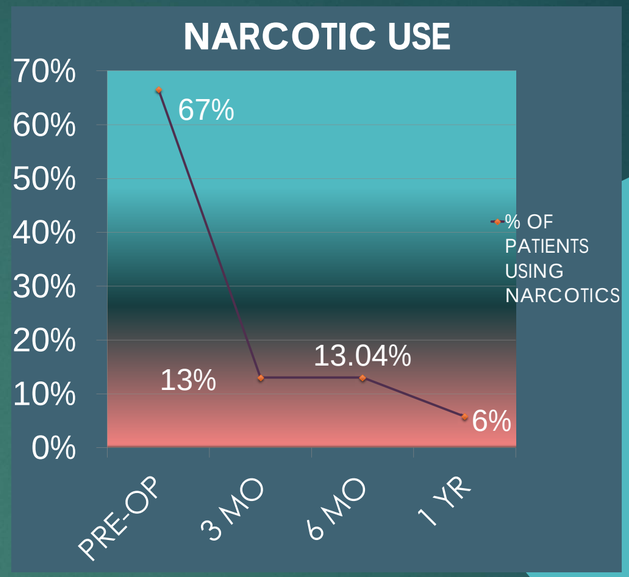
RESULTS:

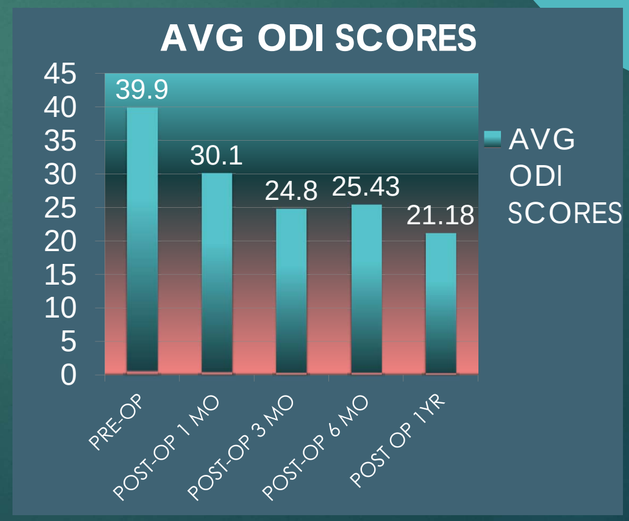
Average VAS scores decreased from 8.1 pre-surgery to 3.7 at 12 months. ODI improved from 39.9 to 21.18. Narcotic usage decreased from 67% to 6% at 12 months. Average blood loss was 321ml, LOS 2.5 days. 81% of patients had one or more comorbidities including cardiac, hypertension, diabetes, and obesity. There were no opioid related complications.

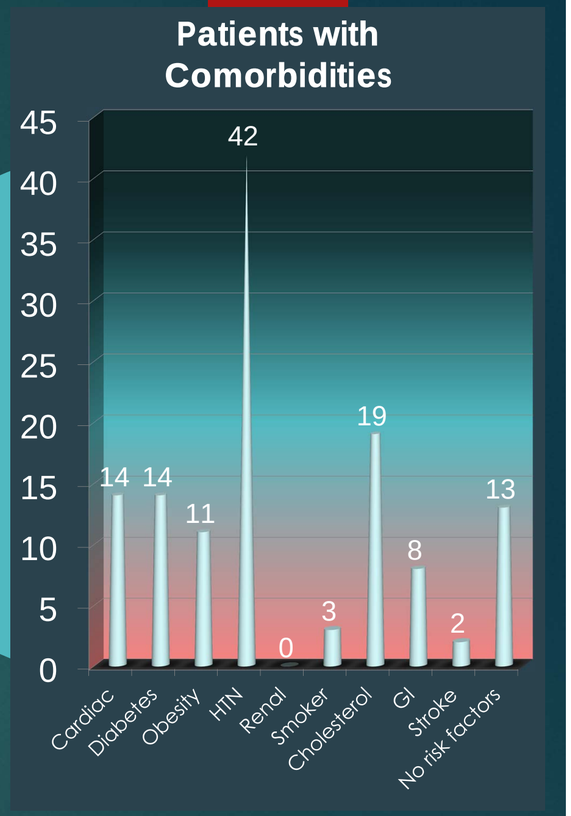


- 31/ 69 PATIENTS RECEIVED POST-OPERATIVE PAIN PROCEDURES WHICH INCLUDED FACET BLOCKS OR TRANSFORAMINAL INJECTIONS









CONCLUSIONS :

The lower usage of narcotics and improved surgical outcomes in the higher risk elderly population for lumbar spinal fusions suggests that surgeons should consider a combination of interventional pain procedures with standard postoperative care protocols.