

Best Practices in Low Back Treatments

Chairperson: Dr. Chadi Tannoury

Tuesday, May 1st

10:25 – 11:20 am

*Work Related Injuries Workshop
April 30th & May 1st, 2018*

Low Back Pain Generators: What Really Hurts?

Dr. Tony Tannoury

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Update on Low Back Injection Therapy

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Nerve Blocks

- Therapeutic nerve block
 - Local anesthetic and steroids injected to targeted nerve or ganglion (group of nerves)
 - Effect wears off, requires repeat procedures
- Diagnostic nerve block
 - Administer anesthetic with known duration of relief
 - Used to determine the source of patient's pain
 - Tests efficacy prior to more invasive procedures



Trigger Point Injections

- Injection of local anesthetic (blocks pain receptors) and corticosteroids (reduces inflammation) into focal area of muscle spasm and inflammation
- Provides effective treatment for myofascial pain
- Usually provides good effect with relatively low risk when performed using ultrasound guidance
 - Most common side effect is bruising at site
 - Rare more serious complications (pneumothorax, hematoma)

Epidural Injections

- Corticosteroid injection into epidural space of spinal column to reduce inflammation
- Temporary affect with benefit usually seen 2-3 days after an injection
- Used to facilitate patient's functional rehabilitation / physical therapy and strengthening
- Data is less convincing for long term effectiveness

Complex Regional Pain Syndrome

- Also known as Reflex Sympathetic Dystrophy (RSD)
 - Most often affects an extremity (hand, arm, leg or foot)
 - Severe chronic intense pain with pathological changes in bone and skin, excessive sweating, temperature changes, extreme sensitivity to touch
- **EARLY AGGRESSIVE TREATMENT** to prevent permanent injury including loss of limb or permanent loss of function
 - Sympathetic nerve blocks
 - Spinal cord stimulation

Interventional Pain Management Beyond Steroid Injections

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RadioFrequency Ablation (RFA)

- Electrical current (radio waves) is used to heat up specific nerve, reducing that nerve's ability to conduct pain signals
- Outpatient procedure has minimal risks and significant benefit
 - Pain relief can last 6-12 months
 - Majority of patients experience pain relief from RFA
 - Minor swelling or bruising at treatment site, very rare infection



Neuromodulation

- Spinal Cord Stimulation
 - Effective treatment for neuropathic pain
 - Reduces most patients' reliance on opioids
 - Electrical stimulation interrupts pain signals to brain, and replaces “pain” sensation with more pleasant tingling sensations
 - Trial with temporary external leads and battery determines efficacy before permanent device
 - Patient controls the device settings based on their pain.

Intradiscal PRP

- Protein Rich Plasma injection
 - Treatment for discogenic pain
 - Patient's own blood is concentrated in centrifuge / platelet rich plasma injected to injured site
 - High concentration of growth factors stimulates stem cells to repair damaged tissue
 - Experimental procedure but the research is promising

Intradiscal Electrothermal Therapy (IDET)

- Catheter inserted to outer layer of disc and heated. The heat is meant to destroy nerve fibers and seal any small tears of disc
- Risks include nerve damage, disc damage and infection
- Most experts do NOT recommend IDET based on the existing evidence.



thank you for your time

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