



EPIDURAL NEUROPLASTY (EPIDUROLYSIS, EPIDURAL ADHESIOLYSIS)

This page is all about epidural neuroplasty, why we do it, what it does and what you should expect.

More information is available at <https://www.fpmx.com.au/solutions.html#treatment-procedures>

Your doctor has recommended that an epidural neuroplasty be performed, using injections of one or more of the following: local anaesthetic, steroid, hyaluronidase or hypertonic saline to help your pain.

Epidural scarring may follow release of intervertebral disk material into the epidural space or following spinal surgery and is difficult to visualise by CAT scan, MRI or Myelogram. The contrast dye under fluoroscopy (x-ray) enables the doctor to determine the presence or absence of scars within the epidural space. We think one of the causes of persistent pain is epidural scarring that compresses and irritates inflamed nerves. Epidural scarring is not always present and not all patients require lysis of adhesions.

Epidural neuroplasty is a percutaneous technique with a special epidural catheter, guided by fluoroscopy that separates the nerves from the scar tissue so that medication (a mixture of local anaesthetic, steroids and hyaluronidase) can be deposited around the painful nerves. Sometimes multiday local anaesthetic and hypertonic saline injections are indicated when a single injection has been ineffective. If catheter techniques are unsuccessful due to dense scar tissue then further adhesiolysis may be attempted by x-ray guided selective epidural injection(s) to free the nerve root from scar tissue. Pain relief may be partial or complete, short term or long lasting. An early return to normal function and usual work/activity is expected.

The exact procedure, needle and catheter placement and the need for any additional injections will be determined by the location of the pain, diagnosis and epidurogram findings. There are four common areas used to insert needles and catheters: cervical, thoracic, lumbar or caudal.

PREPARATION

- Please notify the clinic if you have a temperature, signs of a cold or infection, any skin problems on your back.
- Ladies if you may be pregnant, please tell your doctor ASAP. The x-rays we use could harm the baby.
- It is important that you stop blood thinners (aspirin is ok) for 5-10 days before your procedure depending upon the agent. Please ask your doctor for specific instructions about when to stop your blood thinner and start/stop subcutaneous Clexane.
- Please have nothing to eat or drink for 4 hours before the injection.
- Report to the hospital at the time given to you by our office staff and plan to spend 4-6 hours in hospital.
- Please take your normal medications with a sip of water (except anticoagulants, diabetics on tablets or insulin - please obtain specific instructions).



PROCEDURE

After an intravenous cannula is inserted, sedatives will be administered as needed. The procedure is done under sterile conditions in an operating theatre. You will be lying face down, the appropriate part of your back is washed with antiseptic and draped. A special needle is inserted into the epidural space, x-ray dye is injected under fluoroscopy. The epidurogram is usually being recorded on film and video.

The injected medication usually causes temporary weakness of the lower extremities, as well as numbness of the legs and back (occasionally it is a bit higher). These symptoms are temporary and should disappear within several hours. There may be some soreness at the injection site and back ache for up to a week after the local anaesthetic wears off.

PROBLEMS:

Side effects may include transient hypotension, transient breathing difficulties, bruising, swelling or inflammation at the injection site or headache. Rare complications include bowel or bladder dysfunction, numbness in legs or arms, infection, paralysis, visual disturbance, sexual dysfunction, epidural haematoma or abscess, increased pain or worsening of condition, drug reaction or retained catheter fragment in the epidural space.

The risk of permanent impairment from this procedure is small.

POST PROCEDURE:

The following symptoms may or may not occur following the procedure:
Temporary weakness (paralysis) and/or numbness of the involved extremity.
Small amount of bruising around injection site.

These are temporary side effects that are expected to last 2 - 6 hours. Please notify your doctor if these symptoms persist longer than expected.

DISCHARGE INSTRUCTIONS:

No strenuous exercise, gradually increase range of normal activity.
Report fevers $>38^{\circ}\text{C}$, unexpected redness or severe pain, new numbness or weakness.
Apply ice to painful areas for 15-20min 4 hourly for upto 24 to 28 hours.
Protect and support of the affected area if weakness or paralysis occurs.
Do not drive a car, operate machinery or make important decisions today.
Please make a review appointment in 2 - 4 weeks. Please advise ASAP if you are unable to keep your scheduled appointment.

WARNING – BE ALERT BUT NOT ALARMED:

Should you develop a new back pain, severe headache with neck stiffness or profound numbness and weakness begin to return to your legs, you should notify the emergency telephone number(s) given below and attend the nearest Hospital Emergency Department.