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Effect of pulsed radiofrequency on the lumbar dorsal root ganglion for the management of remnant lumbar radicular pain in patients who had prior Lumbar Surgery

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Failed Back Surgery Syndrome (FBSS) is almost exclusively used to describe a patient who had poor clinical outcomes following of lumbar Spine Surgery. Radicular pain is related to lesions that either directly compromise the Dorsal Root Ganglion (DRG) or indirectly compromise the spinal nerve and its roots by causing ischemia or inflammation of the axons. Our study was to assess the amount of pain relief after a singling Pulsed Radio Frequency (PRF) in patients with Remnant Radiculopathy Prior Lumbar Surgery. A total of 31 patients underwent PRF on DRG for the treatment of Lumbar Radicular Pain in patients with Prior Lumbar Surgery. Pain intensity was assessed using a Numeric Rating Scale score (NRS). The NRS scores were measured before treatment, and 1, 3, 6, and 12 months after treatment. Successful treatment was defined as experiencing more than a 50% reduction in the NRS score at 12 months, as compared with the pre-treatment

NRS. After PRF, the mean NRS decreased after treatment. The pre-treatment NRS was 8.1 ± 0.7 . The mean NRS were 5.9 ± 1.5 , 5.8 ± 1.7 , 5.7 ± 1.6 , and 5.6 ± 1.7 at 1,3,6, and 12 months, respectively. Scores on the NRS was significantly different over time ($P=0.000$). The percent frequency of a 50% reduction of in the NRS was 16.1%, 22.7%, 25.8%, and 28.9%, at 1 months, 3 months, 6 months, and 12 months, respectively. There was no correlation between the post-operative duration and pain relief. PRF appears to be considered for treatment for patients who had remnant lumbar radicular pain.

Speaker Biography

Chan Hong Park is a pain physician, has completed his PhD at the age of 38 years from Kyungbuk University, South Korea. He is the director of Duke University, South Korea. He has over 50 publications and has been serving as an editorial board member of reputed Journals.

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