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Neuroleptics Found to Reduce Post-Neurolysis Pain

A recent study presented at the 2011 Annual Meeting of the International Spine Intervention Society found that the pre-procedural use of neuroleptics such as gabapentin, pregabalin or carbamazepine in patients undergoing medial branch neurolysis significantly reduced post-procedural pain.

The researchers performed a retrospective meta-analysis of 138 consecutive patients that underwent a radiofrequency ablation procedure. Of these patients, 123 took 1200 mg of oral gabapentin an hour before the procedure and continued it twice daily for three weeks after the procedure. Of the patients who were not suitable to take gabapentin, nine took 200-400 mg of carbamazepine and six took 300 mg of pregabalin. Of the compliant patients, 94% reported little to no pain post-procedure and at the six month follow-up, 91% reported a greater than 60% reduction in pain.

Radiofrequency ablation of the medial branch nerve that supplies the zygoapophyseal joints or rhizotomy is a technique that can be utilized to decrease pain caused by arthritic changes of these joints. It is considered a safe and acceptable method for nerve destruction initially used exclusively by neurosurgeons. Today, in pain management facilities like ours, this procedure is done primarily for the relief of facet joint spondylosis or arthritic pain of the spine.

The best candidates for this type of procedure are those with neck or back pain, facet joint tenderness, pain worse with extension, absence of significant leg or radicular pain and without major neurological deficits. These patients have generally failed other therapies including oral analgesics/NSAIDs and physical therapy. Risks of the procedure are very low but post-ablation neuritis can occur. Thus, the use of neuroleptics as this study shows may indeed help decrease post-neurolysis pain.

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