

INTERVENTIONAL PAIN PROCEDURES FOR SPINAL PAIN MANAGEMENT: CHALLENGES AND UPDATE

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Treatment of chronic spinal pain syndromes continues to be an ongoing challenge for clinicians. Recent advances in technology and imaging have allowed greater accuracy and a wider variety of therapies to be offered to patients. However, the recognition of the need for a more integrated approach to the use of these advanced techniques continues to be a major challenge to interventional pain physicians. These interventions do not supplant pharmacologic and non-pharmacologic modalities to treat chronic spinal pain; their role is complementary. Spinal chronic pain syndromes which may be amenable to interventional therapies include a variety of neural blocks and minimally invasive procedures, range from basic techniques (epidural steroid and facet joint injection, sacroiliac joint injection) to advanced procedures (intradiscal procedures, endoscopic discectomy, percutaneous rod and screw, interspinous process device, spinal cord stimulation) for refractory spinal pain or failed back surgery syndrome. As with most other therapeutic options in the

treatment of chronic spinal pain, interventional procedures by themselves will seldom lead to complete resolution of patients' complaints. However, when used in conjunction with reasonable medical management and physical therapy, interventional pain management can help patients keep their pain at a level which minimally affects their ability to function. Interventional techniques for cancer-related pain such as neuroablative procedures and intraspinal drug delivery are effective measures for patients who have failed conservative management. Interventional approaches to spinal pain management are continually evolving. In recent years, there has been a growing effort to further study the efficacy and place in therapy of interventional pain management. A greater understanding of the exact mechanisms of these procedures will also improve our ability to determine their place in clinical practice.

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