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fluoroscopy guided transforaminal vs caudal block the treatment of post spinal surgery sydrome

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Objective
This study is to compare advantages and mid-term effects of fluoroscopy (FL)-guided transforaminal (TF) to caudal (CA) epidural block for post spinal surgery syndrome (PSSS) by assessing pain relief and improvement of functionality.

Methods
Patients with radicular pain in PSSS who received FL-guided CA (n=21) or FL-guided TF (n=28) were included in this retrospective study. All procedures were performed with FL. The complication frequencies during the procedures, adverse events, treatment effects, functional improvements were compared at one, three, and six months following the last injection.

Results
Both oswestry disability Index and verbal numeric pain scale scores demonstrated enhancements in both groups at all one, three, and six months following the last injection, without meaningful differences between the groups ($p<0.05$). Moreover, no meaningful differences were present between the groups in terms of treatment success rate at every time point. Logistic regression analysis demonstrated method of injection (US- or FL-guided), sex, use of analgesics, pain duration, number of injections, and age were not independent variables for successful treatment results. There was blood aspiration before injection in 14.3% (n=3) patients of the CA-guided group, and 17.8% (n = 5) of the -guided group. In 3 patients of FL-guided group, contrast spread intravascularly during injection.

Conclusion
Compared to FL-guided TF, C-guided CEB requires a shorter administration duration while relieving pain and improving function similarly. Consequently, TF-guided CEB is a promising choice for conservative management of PSSS