



## Epidural Lysis of Adhesions

<b><i>What is it?</i></b>	Lysis of adhesions is a procedure to reduce the compressive effects of scar tissue (adhesions) in the spinal canal. This technique is accomplished by the use of a catheter (tube) which physically breaks up scar tissue as well as medications that help to soften scar tissue. It is done with the use of a fluoroscope (x-ray machine) to assist the physician in placement of the catheter.
<b><i>Why is it done?</i></b>	The procedure is performed when scarring is suspected to be the cause of lower back and leg pain. Most patients who undergo this procedure have had prior lumbar (lower) spine surgery. Patients who have developed scarring in the spinal canal due to other medical conditions may also benefit from this procedure. Patients usually undergo an epidural injection (the donut shaped space that surrounds the spinal canal) that reveals an obstruction to the flow of dye seen under x-ray. If the obstruction (blockage) of dye corresponds to the specific nerve the pain is coming from, then they may be a candidate for this procedure.
<b><i>How is it done?</i></b>	Prior to the start of the procedure an intravenous (IV) catheter (tube) is placed in your vein. When you are in the procedure room, you will be asked to lie on your stomach on a cushioned x-ray table. You will receive conscious sedation through your IV. Conscious sedation includes medication to help you relax, but it will not put you to sleep. A small needle is used to inject a local anesthetic (numbing medication) to numb the skin; this may sting for a few seconds. Next, a needle will be placed either near the tailbone or to the side of the spine in the low back area. A small catheter is then guided through to where the obstruction is. Next, there will be mechanical agitation of the area to try to break up the scar tissue. Then a solution of local anesthetic, cortisone derivative (anti-inflammatory medication) and saline is injected to maintain patency after the lysis. Normally, dye injected after the procedure will show good flow through the previously described defect.
<b><i>Is there any preparation?</i></b>	You will be receiving conscious sedation medication through your intravenous (IV) to help you relax. You <b>MUST NOT EAT OR DRINK AFTER MIDNIGHT</b> . You may, however, take your medication with a <u>small sip of water</u> .
<b><i>What to wear?</i></b>	Please wear loose, comfortable clothing. Please leave all jewelry and other valuables at home.
<b><i>How long does it take?</i></b>	We ask that you arrive 30-45 minutes before the scheduled time of your procedure. The procedure lasts about 30 to 45 minutes, and you will be in the recovery area about 30 to 60 minutes.
<b><i>Risks</i></b>	The risks of this procedure include , but are not limited to : *Pain in the area where the needle(s) was inserted, this can last for two to three days. This can be treated by using ice and mild analgesics (pain medication) such as Motrin, Naprosyn or Tylenol. *A reaction to the local anesthetic or dye. These reactions usually do not require further treatment. * Temporary numbness or weakness in one or both legs. This is normal. You should have assistance with walking and should not drive for 24 hours. *Shearing of the catheter which could result in surgical removal. * Bleeding in the injection area. * Infection in the injection area. * Increased pain * Nerve damage, paralysis, stroke and even death.