

PE-54. FLUOROSCOPY-GUIDED SACROILIAC JOINT INJECTIONS WITH PHENOL ABLATION FOR PERSISTENT SACROILIITIS: A RETROSPECTIVE STUDY.

Ward, S.¹; Royal, M.A.²; Jenson, M.G.³; Movva, V.⁴; Bhakta, B.⁵; Ian, G.⁶

1.Pain Evaluation & Treatment Center, Tulsa, Oklahoma; 2.Pain Evaluation & Treatment Center, Tulsa, Oklahoma; 3.Pain Evaluation & Treatment Center, Tulsa, Oklahoma; 4.Pain Evaluation & Treatment Center, Tulsa, Oklahoma; 5.Pain Evaluation & Treatment Center, Tulsa, Oklahoma; 6.Pain Evaluation & Treatment Center, Tulsa, Oklahoma

We are reporting on our experiences with 10 patients (7 male 3 female) who have known sacroiliitis proven by fluoroscopically guided SIJ injection (age ranged from 25 to 78). They all had 2 to 4 weeks of relief after the injections utilizing Bupivacaine 0.5% and 80mg of dexamethasone. They all had repeat fluoroscopy-guided injection of the SIJs, with neurolysis of either a unilateral SIJ or bilateral SIJs using 6% Phenol. Phenol 6% with saline 2.5cc per joint was injected, the needle was cleared with local anesthetic before removing it from the joint. Responses were characterized as follows: excellent (greater than 70% reduction in symptoms), good (50-70% improvement), fair (20-50% improvement) and poor (less than 20% improvement). Patient interview and the McGill short form pain questionnaire was also used to grade response. 20% of the patients had a greater than 70% improvement with an average duration of 24 weeks. 60% of the patients had a 50-70% improvement with an average duration of 20 weeks. 10% had a 20-50% improvement with a total duration of 12 and 1/2 weeks. 10% had a less than 20% improvement with significant degenerative disc disease and previous spinal fusion to cloud his pain picture. No significant post-procedure complications were reported. With intra-articular injections of phenol for the ablation of the sacroiliac joints we have found a significant improvement in pain relief accompanied by prolonged duration of relief. More extensive studies are needed to confirm its place in our treatment armamentarium.

Sameh Ward, MD, Mikael A Royal, MD, Michael G. Jenson, MS, PA-C, CPP, Venkatesh Movva, MD, Bhadrash Bhakta, MD, Ian Gun-yea, MS, PA-C