

MISS; is an option for the treatment of failed back surgery syndrome

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Failed Back Spine Surgery (FBSS) is one of the difficult defined pain syndrome.

Usually origine of pain is unknown post spinal surgery. Pain source is unclear, and never terminal diagnosis. Clinical appearance is mostly complicated with cauda equina, reherniation, battered root, epidural fibrosis, arachnoiditis, intervertebral instability or spinal stenosis either at the previous surgical site or at adjacent levels.

The Definition of FBSS is simply that is to create a pain generator on spine by surgical way. FBSS and Chronic low back pain have completely different pain pattern. FBSS; related with surgery, insufficient surgical treatment, over treatment, malpractice. It refers to a condition in which a patient has undergone back surgery with a poor outcome.

Etiology: Poor selection for surgery and the patient has had a psychological profile or pathophysiology, improper selection and misdiagnosis, inadequate preoperative evaluation and diagnostic work-up, improper or inadequate surgery.

Objectives: Evaluate responsible reason of FBSS mechanical and neurologic compromise and to find pain generators and prospect of eliminating the pain and to improve function Patients and Method: 18 patients were included prospective study, 14 females 4 males, Main age 55, Followup 6 m (range 3-24 months) 10 patients are treated single miss way, 8 patients combined with open surgery.

Methods: In ten cases, there was a single miss procedure, such as percutaneous for aminoplasty and/or epiduroscopy performed (all of them post discectomys) in 8 additional cases, two surgical procedure have been performed, 2 patient remove hardware and limited decompression without fusion and if it is necessary combined with epiduroscopy, 2 patient have fusion surgery because of recurrent spondylolysis after one level discectomy, 4 patient had extremely spinal stenosis, and hardware occupation c-spinal channel, excessive decompression and posterior short fusion. Key Surgery consists of different stages; remove if there is hardware ASAP, debridement, and minimal decompression.

Results: Previous studies have used a measure of successful outcome $\geq 50\%$ of original pain relief as a successful outcome. The first VAS and Questionnaire score had been taken respectively high before surgery. These two scores (pre and post) were then used to provide absolute difference more than 50 percent.

Conclusion: MISS is an option which is significantly reduced pain in almost all patients. Pain relief was significantly and highly correlated with reduced analgesic intake and patient satisfaction. MISS should be considered as a potential treatment option for FBSS. MISS is not palliative treatment in which terminal stage of all other options. Our results suggest that although all ages have the potential to benefit from MISS and interventional techniques.

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Manual therapy or standard care for non surgical outpatients on orthopedic waiting lists - A cost consequence analysis

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Musculoskeletal pain is one of the most common reasons for seeking primary care but competence in specialized manual therapy is seldom available there. This may lead to many inappropriate referrals and long waiting lists to orthopedic outpatient departments. The aim of this health economic evaluation is to evaluate the cost effectiveness and cost utilities of naprapathic manual therapy (NMT) compared to standard care for non surgical orthopedic outpatients. The evaluation was performed alongside an RCT including 78 participants, where validated instruments were used to measure pain and physical function at 3, 6 and 12 months. The SF-36 was encoded to SF6D, including the aspect of Quality Adjusted Life Years (QALY), in order to evaluate the cost utilities. The costs for all given interventions were recorded according to Diagnose Related Groups (DRG). The RCT showed that the treatment effects of NMT were better than standard care. The cost utility gains were higher for the NMT (0.655 compared to 0.314), although the latter constituted more interventions. The total cost for the NMT was 216 820 SEK compared to 538 754 SEK for standard care. The result is dominant, which is a rare occasion. It is plausible that the costly problem with too long orthopedic waiting lists would be reduced if NMT were available early in the health care chain.

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