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RESULTS: Forty-two patients (21 patients in each group) completed the study. The intervention group had a notably shorter time to onset of significant pain relief (6.1 ± 3.4 vs 28.1 ± 9.2 days; P < 0.001) and noticeable reduction of VAS score at week 1 (40% vs 4.7%) than the control group (P < 0.001). All measured variables in the intervention group and most variables in the control group showed significant improvement from the baseline (P < 0.05). A comparison of the 2 groups indicated significantly greater improvement in the intervention group at all times in VAS and shoulder pain and disability index scores (all P < 0.05), and for most gain of PROM (P < 0.05). There were no serious adverse effects or complications in either group.

CONCLUSIONS

This study shows that PRF lesioning of the SSN under UG provides faster onset and longer term pain relief as well as decreases disability in patients with AC. Furthermore, PRF lesioning can be easily repeated if the pain recurs because there is no destruction of tissue. This method is also convenient and safe under UG. The application of PRF lesioning of the SSN under UG appears to have clinical value, although additional large long-term studies are needed to confirm our results.

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NEUROMODULATION SECTION

Original Research Article

Pulsed Radiofrequency for Chronic Intractable Lumbosacral Radicular Pain: A Six-Month Cohort Study

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Results. Out of 461 screened patients, 65 were included. According to the intention to treat analysis, clinical success was achieved in 56.9%, 52.3%, and 55.4% of the patients at respectively 6 weeks, 3 months, and 6 months. DN4, Oswestry Disability Index and physical component for the RAND-36 quality of life improved significantly while the mental component remained unchanged. The number of patients on opioids was reduced.

Conclusions. PRF treatment of the DRG may be considered for patients with chronic, severe lumbosacral radicular pain refractory to conventional medical management.











