



Evidence-Based treatment for failed back surgery syndrome patients with chronic refractory pain

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"Failed back surgery syndrome" (FBSS) termed as lumbar postsurgical patients continue to suffer persistent pain and limited function. This research evaluates clinical trial data for the treatment of FBSS patients. FBSS treatments will determine to assist clinicians for FBSS patients in choosing the most effective options.

Furthermore, for the patient population reducing the utilisation of less effective therapies may result in substantial financial savings. Treatments may be categorised as physical therapy and exercise, medications, interventional procedures, neuromodulation, and reoperation for FBSS. The publications were arranged systematic reviews according to the North American Spine Society's guidelines as prospective studies, retrospective chart, randomised controlled trials (RCTs). Nonsystematic reviews, book chapters, and expert opinions were excluded, with at least 20 FBSS patients and 6-month follow-up. The evidence is strong for active exercise and interventional procedures such as adhesiolysis but weak for medications and reoperation. The most reliable evidence was found for spinal cord stimulation (SCS) is for long-term treatment. This evidence was showing favourable Level; I RCT results compared with reoperation conventional and medical management. Also, high-frequency SCS at 10kHz has demonstrated superiority over traditional, low-frequency SCS for treating leg pain and low back in a recent Level I RCT. Clinicians may increasingly utilise levels of evidence during their evaluation of each FBSS patient to render the best therapeutic plan. It was avoiding less effective modalities resulting in improved long-term pain control and reducing costs.

Source:	Spine (Phila Pa 1976). 2017 Jul 15;42 Suppl 14:S41-S52.
Link to the source:	https://www.ncbi.nlm.nih.gov/pubmed/28505029
The original title of the article:	Treatment options for failed back surgery syndrome patients with refractory chronic pain: an evidence based approach
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