



SPINE & PAIN INSTITUTE OF NEW ENGLAND

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Spinal Stenosis and Radicular Leg Pain

Aneesh Singla, M.D., M.P.H.

Spinal stenosis affects millions of Americans. It is described as neurogenic claudication as a result of narrowing of the spinal space due to spondylosis, spondylolysis, spondylolisthesis, or degenerative disc disease. It can result in back and leg pain, and can be severely debilitating. Common treatment options include medications, physical therapy, epidural steroid injections, and possibly surgery. Surgery is typically recommended for cauda equina syndrome, neurological deficit, and for severe pain. For those without these symptoms, surgery is not generally indicated and chronic pain is the major symptom, which still requires treatment. For these individuals, epidural steroids have become a popular and efficacious treatment for back pain, leg pain, and symptoms of "sciatica" in recent years.

There are several studies that show epidural steroid injections are helpful for radicular pain from spinal

stenosis or herniated nucleus pulposus. (1, 2).

In the past, epidural steroids were delivered primarily via the interlaminar route. In recent years a transforaminal technique has been developed with the use of fluoroscopy. This has changed practice styles and purportedly improved outcomes; the difference is injection into the ventral vs. posterior epidural space (See figures 1, 2). While there are no head-to-head studies comparing outcomes for the two, there is some early evidence that transfor-



Figure 1. Transforaminal epidural steroid injection at right L4 neuroforamina. The arrow marks the contrast spread into the ventral epidural space and along the L4 nerve root.

CONTINUED ON BACK

WE ARE EXPANDING TO THE SOUTH SHORE

On June 1st, the Spine and Pain Institute of New England is opening its third location in Duxbury, Massachusetts. We are a group of 4 pain specialists who are fellowship trained in Pain Management and board certified in Anesthesiology and Pain Medicine. We specialize in minimally invasive treatments for chronic back and neck pain, and also treat a variety of chronic pain disorders. Two of our physicians, Steven Barna, MD and Aneesh Singla, MD, MPH will be staffing the Duxbury location and look forward to providing quality care in the community.



Steven Barna, MD

- Asst. Professor, Harvard Medical School
- Former Medical Director, Pain Clinic at Massachusetts General Hospital
- Published numerous articles on Pain Management
- Completed training at Brigham & Women's and Massachusetts General Hospital



Aneesh Singla, MD, MPH

- Instructor, Harvard Medical School
- On faculty at Massachusetts General Hospital
- Currently performs research in Pain Management
- Completed training at Brigham and Women's and Massachusetts General Hospital

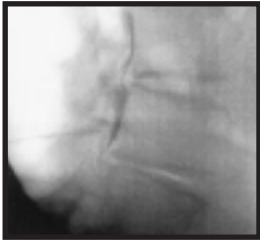


Figure 2. Lateral fluoroscopic view of transforaminal epidural steroid injection. Note the contrast spread along the ventral epidural space. (1)

aminal injections may provide better outcomes.

An MRI is generally performed as a diagnostic test once back pain persists for 6-8 weeks, in the absence of serious neurological deficit or other serious suspected pathology, where it would be performed sooner. (3). MRI helps visualize the spinal anatomy, and then the pain specialist must correlate the patient's symptoms with the site of pathology. This allows the pain practitioner to direct the epidural steroid to the nerve root(s) most likely responsible for the symptoms and inject at this level(s).

In some cases, where patients may have discogenic pain, a transforaminal epidural steroid injection helps deliver medication to the ventral epidural space near the intervertebral disc, and can help with pain originating from pain fibers in the annulus fibrosus.

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References:

1. Botwin KP, Gruber RD, Bouchlas CG, et al. Fluoroscopically guided lumbar transforaminal epidural steroid injections in degenerative lumbar stenosis: an outcome study. *Am J Phys Med Rehabil* 2002; 81(12):898-905.
2. Lutz GE, Vad VB, Wisneski RJ. Fluoroscopic transforaminal lumbar epidural steroids: an outcome study. *Arch Phys Med Rehabil* 1998;79(11):1362-6.
3. Carragee EJ. Clinical practice. Persistent low back pain. *N Engl J Med* 2005;352(18):1891-8.

INTERVENTIONAL PROCEDURES

- Diagnostic and therapeutic injections
- Spinal cord stimulators
- Radiofrequency lesioning
- Percutaneous disc decompression
- Discography
- Botox injections for pain
- IDET
- Epidural steroid injections
- Facet joint injections
- Vertebroplasty
- Epidural lysis of adhesions
- Sacroiliac joint injection
- Sympathetic nerve blocks
- Selective nerve injections

OUR LOCATIONS

