

Acute LBP Management

FIRST TWO WEEKS:

R/o cauda equina, hemodynamic instability, significant trauma, cancer, fever/infection, substance abuse, abdominal or pelvic pain, urinary retention, unexplained weight loss, unremitting night pain, leg weakness, abdominal aortic aneurysm

If none of these are present: conservative therapy

Conservative tx - first two weeks

- Limited bed rest (<2 days)
- Aspirin, acetaminophen, or ibuprofen
- Muscle relaxants may be helpful
- Topical heat or cold
- Early ambulation and exercise (progressive)
- No lifting or bending
- 70% of patients are improved in two weeks

2 weeks - 6 weeks

- Reassessment in office
- Consider medication change
- Order x-rays if there are changes in symptoms, in patients over age 50, chronic steroid use, low back pain > 6 months without prior therapy
- Physical therapy if patient is unable to work, low back pain > 6 months
- 90% of patients are improved in 6 weeks

Spine x-rays may demonstrate fractures, tumors or infections:

- Fractures due to osteoporosis can occur: treatment can include bracing or percutaneous vertebroplasty
- Tumors may be treated with radiation , surgical resection, narcotic pain medication, and even implantation of morphine pumps
- Infections may be treated with antibiotics and surgery

> 6 weeks

- Re-examine abdomen and pelvis
- Sedimentation rate and CBC
- Magnetic Resonance Image

6 weeks - 6 months

- Continued physical therapy
- Chiropracter
- Accupuncture
- Medications can include neurontin, amytriptilline, NSAIDs
- Epidural steroid injections
- Back school
- Patients with arthritis will often see rheumatologists for medications

Injections can often help low back pain:

- Facet injections may provide relief and localize pain and facet rhizotomy may effectively treat pain in 40% of patients (Tzaan & Tasker, Can J Neurol Sci 27(2)125-130, 2000)
- SI joint injections may effectively treat pain in 40% of patients (Ferrante, etal, Regional Anaes & Pain Med., 26(2):137-42, 2001)
- Discograms may help localize pain and IDET may treat pain (controversial)

In patients with chronic LBP after conservative therapy fails:

Fusion surgery (several techniques depending on pathology)

- Open post lumbar fusion with ICBG
- Open fusion of pedicle screws
- Posterior lumbar interbody fusion
- Anterior lumbar interbody fusion
- Minimally invasive lumbar fusion (see next few slides for examples of percutaneous lumbar spine fusion procedures)