

## Epidural Adhesiolysis Provides Misinformation

### To The Editor:

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The manuscript by Hsu et al (1) published in *Anesthesia & Analgesia* described factors associated with the treatment outcome of epidural lysis of adhesions. This analysis which they called the largest and the first of its nature, misses many important manuscripts and provides misinformation. It appears that authors may have misunderstood the epidural adhesiolysis procedure. The total number of patients included over a period of 4 years from 2 centers is rather small (N=104), with an attempt to obtain too many variables. The outcomes at a glance show that only 50% of the patients reported a positive outcome in the short-term.

There have been multiple randomized, double-blind, controlled trials performed in post surgery syndrome and spinal stenosis (2-7). Further, authors have based their entire description on an outdated, old, systematic review published in 2007 (8). Since then updated systematic reviews have been published in 2009 and 2012 (9,10), as well as with updated guidelines (11,12).

Authors also have described a procedure with a noncatheter technique and one with a catheter technique. Both procedures are incomplete and do not describe adhesiolysis.

Percutaneous adhesiolysis is indicated after the failure of caudal or interlaminar epidural injections. Caudal epidural injections have been well studied in post lumbar surgery syndrome with significant improvement in 59% with local anesthetic and 58% with steroids in well selected patients (13) and approximately 50% of patients with central spinal stenosis with caudal (14) and over 80% with lumbar interlaminar (15,16). Among the patients failing to respond to epidural injections, Manchikanti et al have illustrated significant improvement in post surgery syndrome and central spinal stenosis patients at the end of 2 years with repeat procedures as medically necessary, in 71% of patients

with central stenosis (6) and 82% of patients with post surgery syndrome (4).

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