INTRODUCTION

Epidural lysis of adhesions (LOA) represents an important part of the interventional repertoire for the treatment of low back pain that is refractory to more conventional treatments such as epidural steroid injections (ESI). Although not as frequently performed or as controversial as ESI [1–3], in part because the rise in utilization and reimbursement has not been nearly as steep [4], LOA is a commonly performed procedure for treatment of back pain secondary to failed back surgery syndrome (FBSS) and spinal stenosis (SS). In contrast to the socioeconomic burden of the indicated conditions, the breadth of literature related to epidural LOA is minimal. The purpose of this article is to provide an overview of epidural LOA, and to provide an evidence-based review of the mechanisms of action, efficacy and effectiveness, and factors associated with treatment outcome.

Key Words:
epidural adhesiolysis, epidural lysis of adhesions, epidural neuroplasty, epiduroscopy, failed back surgery syndrome.
Fig. 1. Sequential antero-posterior fluoroscopic images demonstrating successful epidural lysis of adhesions. (A) Arrow A illustrates the initial contrast injection demonstrating needle entry into the caudal canal. Arrow B shows the radiopaque navigable catheter inserted to the level of hardware at lumbar spine. (B) Initial contrast injection demonstrating filling defects on the left side and cephalad to the hardware, suggesting epidural adhesions. (C) Contrast reinjection after lysis of adhesions demonstrating improved spread cephalad (A) and to the left (B) of the initial injection pattern.