

INTRODUCTION

Chronic pain can be debilitating and extremely difficult to treat. Our body is not always able to heal itself correctly when dealing with chronic pain. That is why it's so important to be seen by a physician who specializes in pain management, and let him or her educate you on your best treatment options. Epimed International is proud to be involved in creating products that are used by these specialists to help those suffering from chronic pain.

Interventional pain management uses modified techniques designed to reduce chronic pain. It has become one of the fastest growing specialties in medicine over the past ten years. Using Epimed site-specific catheters, physicians are able to target and treat the specific source of pain.

A common cause of chronic pain is excessive scarring in an area of the spine called the epidural space. This space is a small area between the inside of the spine and a protective layer around the spinal cord. Extensive scarring in this small space can limit the natural movement of nerves that exit the spine, increasing nerve inflammation which is a cause of chronic pain.

*References:

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Disclaimer: This description of epidural lysis of adhesions is intended for general education purposes only. Please refer to your physician with specific questions.

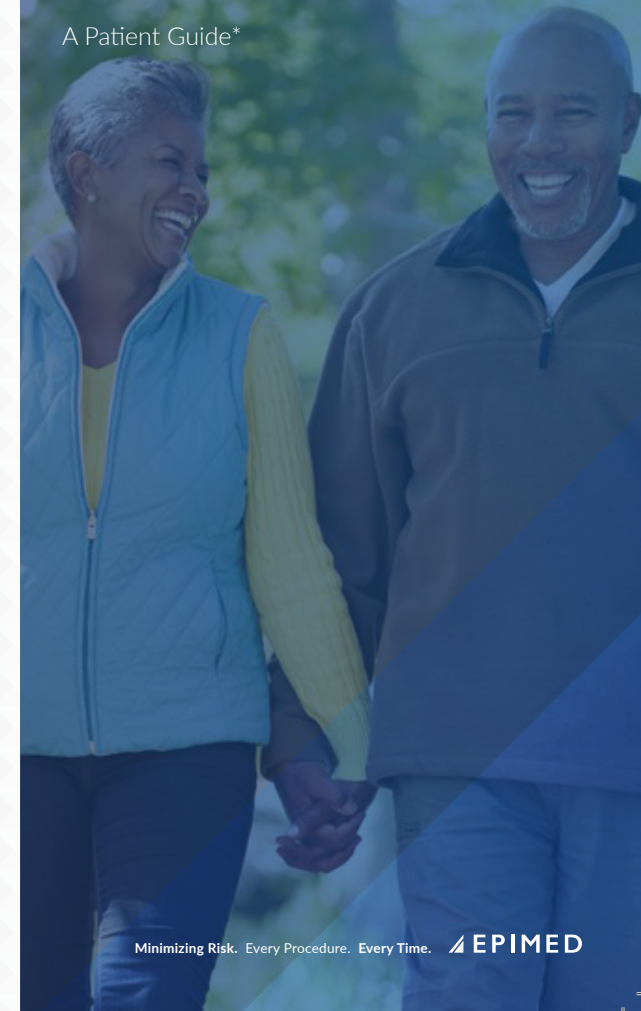



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EPIDURAL LYSIS OF ADHESIONS

A Patient Guide*



Minimizing Risk. Every Procedure. Every Time. 

HOW DOES IT WORK?

Epimed International has developed a line of catheters to be used specifically in this epidural space to direct medications to the inflamed nerve. Epimed catheters are made with a flexible rounded tip designed to be safely navigated through sensitive tissues.

The physician inserts the catheter, while using X-ray guidance, into the epidural space near the affected area. To treat nerves in the lower back, most physicians will insert the catheter in a natural opening in-between the very bottom of the spine and the tail bone. Aided by X-ray imaging, the catheter is seen on a monitor and directed precisely to the affected nerve (see Figure 1). Once the tip of the catheter is near the nerve, medication can be injected to relieve pain and reduce the inflammation.

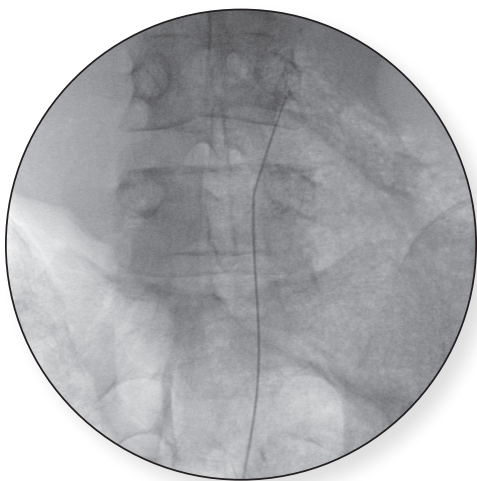


Figure 1. Catheter placement is aided by X-ray imaging.

WHAT TO EXPECT DURING THE PROCEDURE

After the nursing staff has prepared you for your procedure, you will be taken into the operating or procedure room. The physician will inject local anesthetic in the area where the catheter will be introduced. Mild sedation will also be administered to reduce any discomfort during the procedure.

Once the local anesthetic sets in, an introducer needle will be inserted where the catheter will be placed. It is through this introducer needle that the catheter is slowly advanced to the irritated nerve (Figure 2).

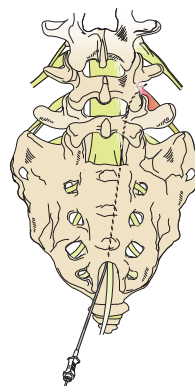


Figure 2. The catheter is advanced through an introducer needle to the affected nerve.

The movement of the catheter is continuously monitored on the X-ray to assure safe and effective positioning. To confirm the exact location of the catheter, your physician will inject contrast to see the outline of the epidural space on the X-ray monitor (commonly referred to as an epidurogram). The contrast is a fluid that shows up on x-ray and has no adverse effects. Medication will also be injected through the catheter to break up scar tissue, relieve pain, and reduce inflammation.

WHAT HAPPENS NEXT?

You will be observed in the patient recovery area for at least 30 minutes as a standard precautionary measure. Your physician will want to be sure your procedure went as well as expected.

It is important to remember that this procedure is only a part of your treatment. The medications help to break up the scarring around the nerve while reducing pain and inflammation. This procedure is effective in providing pain relief; however, after the procedure physical therapy is needed to provide longer lasting relief. These simple exercises improve the natural movement of nerves within the spine (Figure 3). Your physician can show you these exercises needed for a longer lasting re

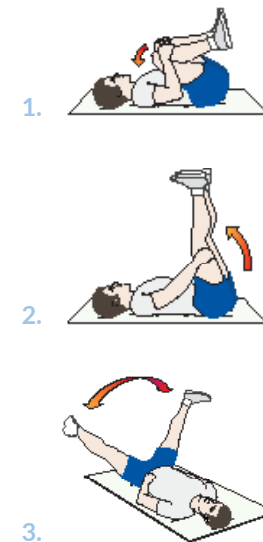


Figure 3. Physical therapy after the procedure can provide longer lasting relief.