



Case Study

Leading Interventionalist
Shares *mild*[®] Patient Outcomes

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Patient History Pre-*mild*

71-Year-Old Male Patient

Medical History

Mild, chronic constipation, otherwise healthy.

IPM History

Symptomatic spinal stenosis for 3 years. Symptoms more severe in past 6 months. Patient failed epidural injections with previous provider:

- 4 lifetime LESIs (2 within 3 months prior to *mild*)

Surgical History

No surgical history.

Medications

- Fluzone High-Dose 2019-20 (PF) 180 mcg/0.5 mL Intramuscular - syringe
- Ibuprofen 800 mg Oral - tablet
- Linzess 290 mcg Oral - capsule
- Tramadol 50 mg Oral - tablet

History as of January 2021

Symptoms of Neurogenic Claudication

- Limited standing: Patient presents with symptoms of back and buttock pain with inability to stand for more than 2 or 3 minutes.
- Limited mobility: Walking tolerance 2 minutes with cane.
- Pain Assessment: Pain is increased with ambulation with numbness and tingling going down into the hamstrings (right greater than left).

Quality of Life

The patient had been unable to work as a bus driver in the previous 6 months.

The patient set goals of:

- Walking
- Returning to work
- Performing activities of daily living (eg, grocery shopping)

MRI Findings



Multiple Spinal Comorbidities

L2-L3

- Hypertrophic ligamentum flavum (HLF) resulting in severe spinal central stenosis.
- Facet hypertrophy with right foraminal extrusion of the disc leading to moderate to severe right foraminal stenosis.

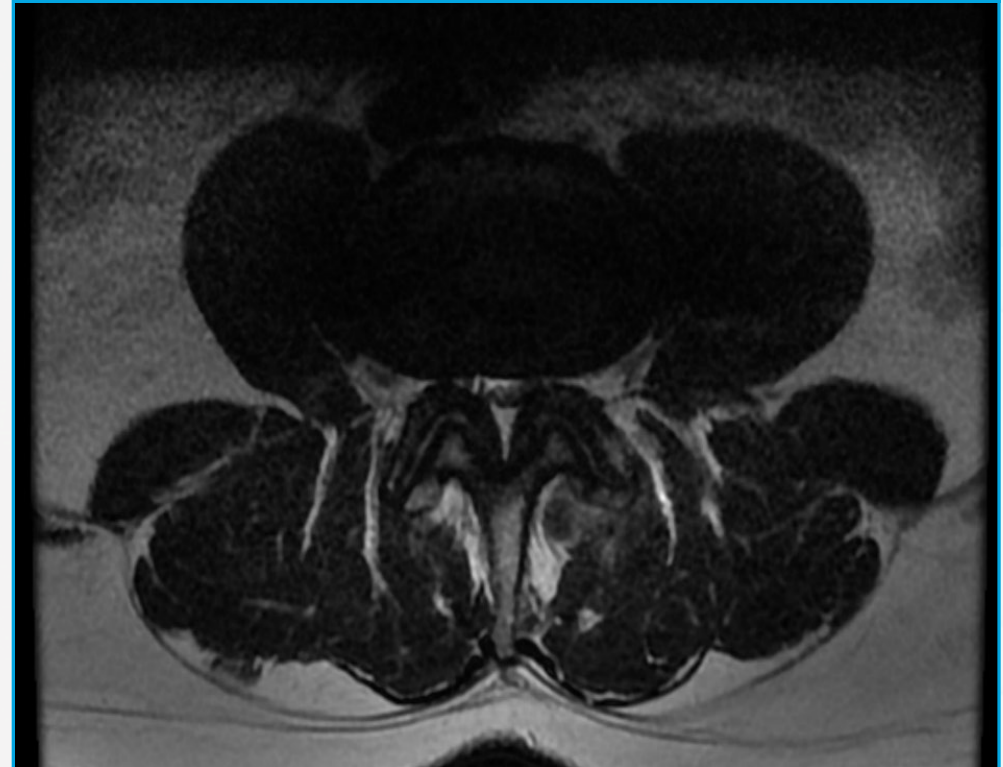
L3-L4

- HLF with moderate stenosis and degenerative facet arthropathy.

L4-L5

- Degenerative facet hypertrophy with HLF resulting in moderate spinal stenosis.
- Bilateral lateral foraminal stenosis.

L4-L5



Procedure Details



3 Levels Treated:

- Single midline incision
- Bilateral L2-L3, L3-L4 & L4-L5

Location: Outpatient surgery center

Sedation: MAC with local

Patient Discharge Instructions: Patient was instructed to resume normal activity within 24 hours with no restrictions



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Before *mild*



Able to Stand/Walk

< 3 minutes



VAS 5/10



QOL

Unable to perform activities of daily living without pain or activity adjustment. Unable to work.

1 Week Post *mild*



Able to Stand/Walk

> 20 minutes



VAS 0/10



- Patient reported 100% pain relief.
- 1-day post-procedure he was able to stand and ambulate without much pain. He had a little bit of soreness in the back from the incision site, but he was more functional on post-op day 1 than prior to surgery.



QOL

- Patient was able to take his sister to the grocery store and walk for greater than 20 minutes without pain.
- I encouraged him to continue his activities of daily living.
- He may return to work as a bus driver.

Key Takeaways

The patient had multiple spinal comorbidities contributing to his moderate/severe stenosis including facet hypertrophy, foraminal stenosis, and hypertrophic ligamentum flavum (HLF). I was able to treat the HLF bilaterally through **a single midline incision with efficient access to all 3 stenosed levels.**

Decompression of just the HLF provided significant relief for the patient – resulting both in pain and functional improvement.

Key Takeaways

This patient is a perfect example of how imperative it is to **move on from ESIs when they are no longer effective**. The patient had tried and failed 2 ESIs in recent months and there was no reason to delay treatment of his neurogenic claudication, which requires decompression. With the equivalent safety profile of an ESI, *mild* is the logical next step.

Key Takeaways

This is a rewarding procedure to offer patients. He had 3 levels treated yet experienced very little post-procedural soreness and was able to **return to normal activities within 24 hours with no restrictions**. He is now able to stand longer and walk farther with less pain and get back to simple everyday activities, like grocery shopping. There is even a chance he could return to work as a bus driver.

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