



Case Study

Leading Interventionalist Shares *mild*® Patient Outcomes

mild **Provider, Dr. Peter Pryzbylowski**

Board Certified Anesthesiologist and Interventional Pain Specialist
Relievus Pain Management Group, NJ & PA



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Patient History Pre-*mild*



77-Year-Old Female Patient

Medical History

Hypertension, Afib, Asthma, GERD

Surgical History

Colon resection, lumbar hemilaminectomy at right L4-L5

Social History

Negative x 3

Allergies

Omnicef, Keflex

Medications

Benazepril 10 mg QD, Cardizem 30 mg QD, Dexilant 60 mg QD, Flomax 0.4 mg QD, Xarelto 20 mg QD, Xyzal 5 mg QD prn, Tramadol 50 mg QD prn, Mobic 15 mg QD PRN



Patient History

June 2017

- 5-year history of **ESIs** from another local pain doctor
- Back pain VAS **9/10** with radiation to bilateral buttocks, right hip, right leg
- Treated with **4** right sacroiliac joint **injections** and **1** right GTB **injection** in my group

November 2018 (After ~1.5 Years in Group)

- Back pain VAS **6/10** with radiation to right hip and lateral aspect of right lower extremity

Symptoms of Neurogenic Claudication

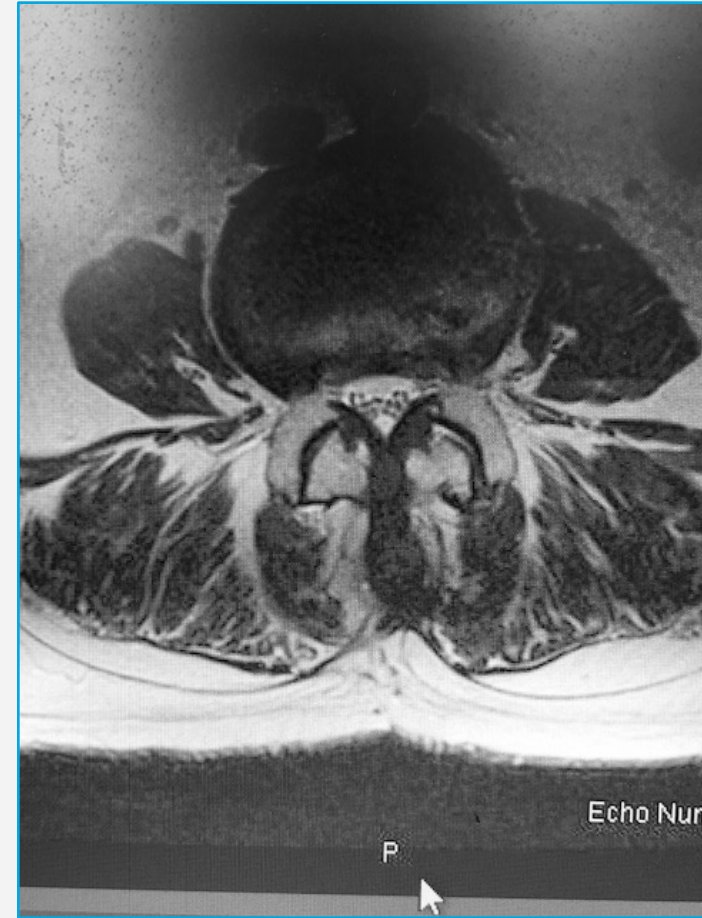
Unable to stand or walk for > 5 minutes; discomfort relieved with sitting or flexion

MRI

Confirmed LSS with HLF

- SCS or *mild*?

MRI Imaging



Procedure Details



Performed: 12/19/18

Levels Treated: L3-L4,
bilateral



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6/9/17: Before *mild*



Able to Stand/Walk
< 5 minutes



VAS 9/10 |-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|



5-Year History of ESIs
4 right sacroiliac joint
injections and 1 right GTB
injection



QOL
Poor

1/4/19: 2 Weeks Post *mild*



Able to Stand/Walk
10 minutes



VAS 0/10 |-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

4/4/19: 15 Weeks Post *mild*



Able to Stand/Walk
25 minutes



VAS 0/10 |-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|



Meds
Off all PRN Tramadol and Mobic



QOL
Significant improvement

Key Takeaways

“Make **mid-level staff aware** of potential *mild* candidates and selection criteria.”

Key Takeaways

“Two years ago I would have offered SCS to the patient, as she previously underwent a hemilaminectomy. **Now we have more options** for treatment of LSS patients.”

Key Takeaways

“**Read your own films!** Radiologist commented on mild-to-moderate stenosis at L3-L4 levels but made no mention of hypertrophic ligamentum flavum.”

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