



Case Study

Leading Interventionalist
Shares *mild*® Patient Outcomes

mild **Provider, Dr. Shawn Puri**

Double Board-Certified in Anesthesiology and Pain Medicine
Relievus Pain Management



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Patient History Pre-*mild*



67-Year-Old Female Patient

Medical History

Degenerative disc disease, lumbar spinal stenosis, anxiety, and depression

Treatment History

Epidural and facet injections, various medication therapy including chronic opioid therapy

Surgical History

Not a surgical candidate



History as of 2018

Back Pain

- Pain Score: 9-10/10
- Patient remained in forward flexion to relieve neurogenic claudication symptoms

Quality of Life

Poor, unable to walk more than half a block

The patient set goals of:

- Housework and laundry
- Showering without assistance

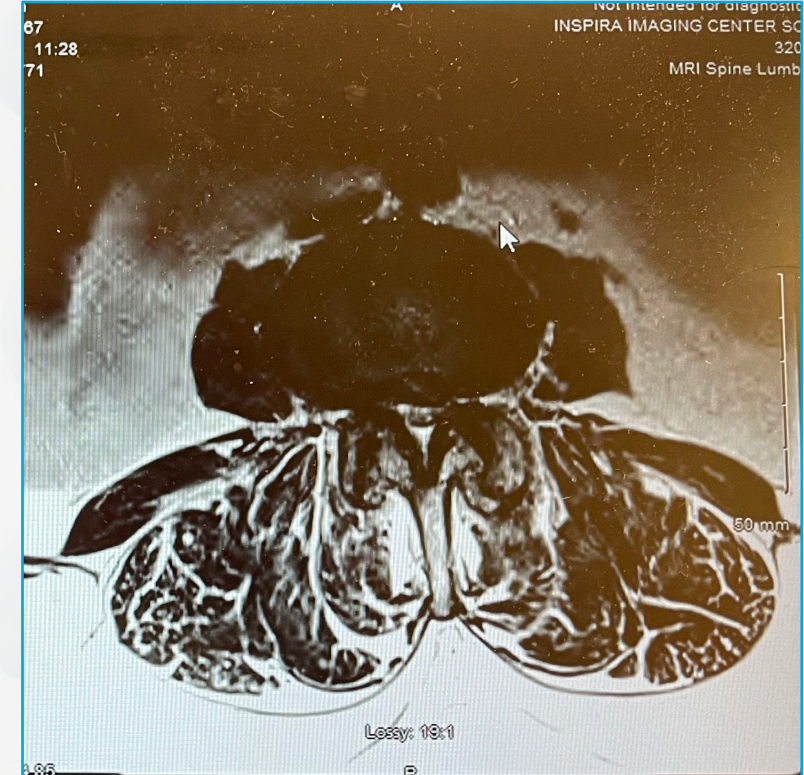
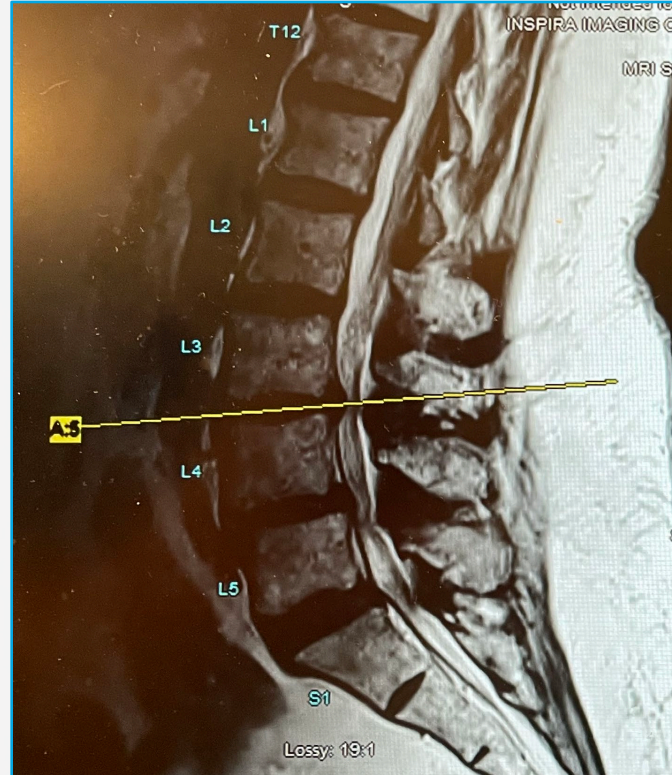
MRI Findings



Multiple Spinal Comorbidities

L3-L4

- Disc protrusion, ligamentum flavum hypertrophy, severe spinal stenosis



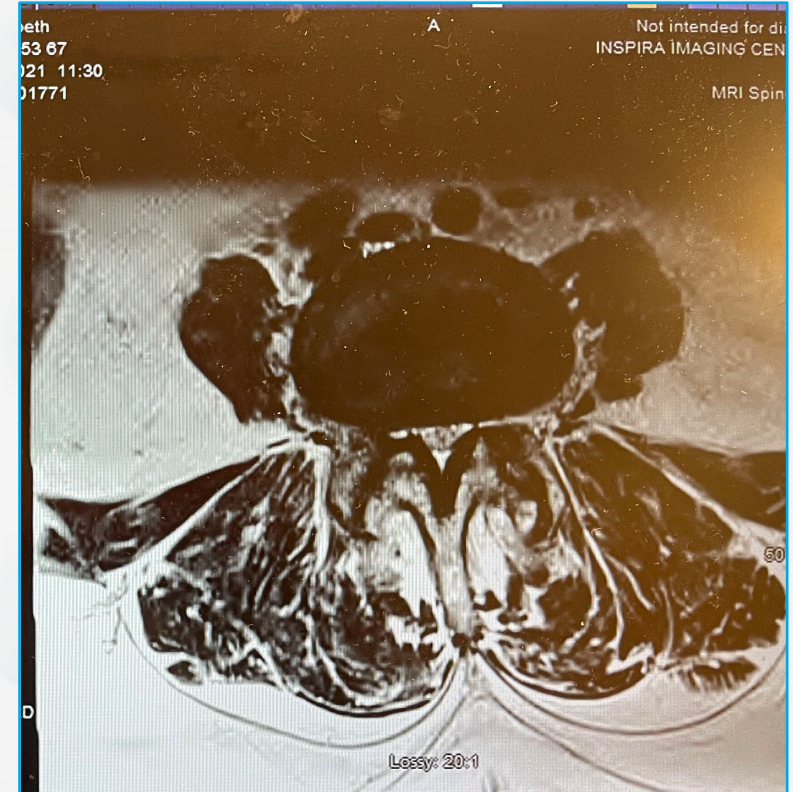
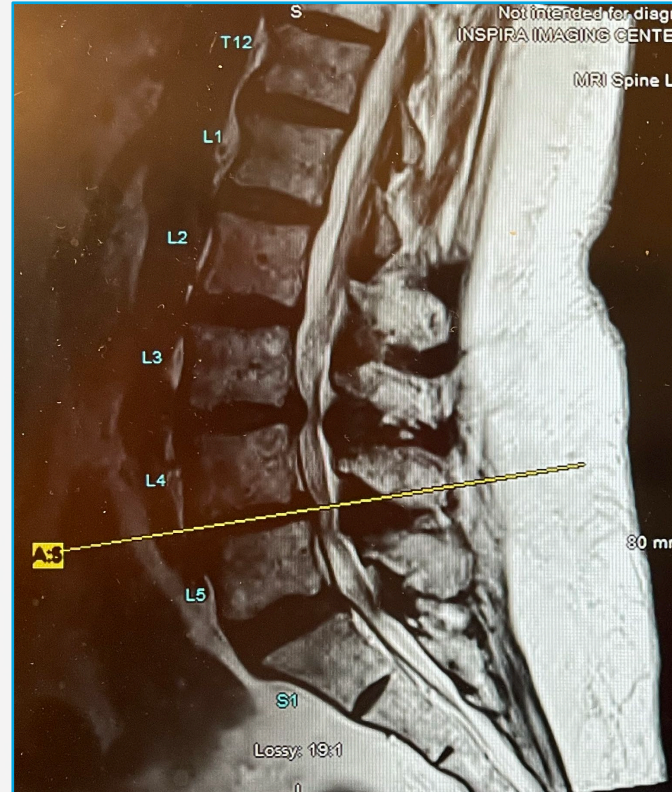
MRI Findings



Multiple Spinal Comorbidities

L4-L5

- Disc protrusion, ligamentum flavum hypertrophy, severe spinal stenosis



Procedure Details



Performed: 4/20/21

Two Levels Treated:

- L3-L4 & L4-L5
- Standard approach with epidurogram

Sedation: MAC



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Before *mild*



Able to Stand/Walk

Patient could only walk half a block and was unable to stand long enough to complete tasks of daily living.



VAS 9-10/10



QOL

Overall poor quality of life. Patient was bent over when standing, could not do any housework or laundry, and could not get into the shower without assistance.

Post *mild*

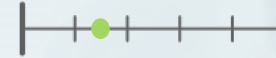


Able to Stand/Walk

Able to walk and stand double the amount of time. Patient can complete activities of daily life, get in and out of the shower, and do laundry.



VAS 3/10



QOL

Patient feels much happier and shares that her days are “much better.”

Key Takeaways

“The patient’s mood has improved; she doesn’t use her cane, and walks up and down the stairs with greater ease. She is overall more comfortable.”

Key Takeaways

“The biggest takeaway from this case is to **move to *mild* sooner instead of performing repeat epidural steroid injections**. This patient was already in my practice and was being overlooked. Now that we can offer *mild*, we need to establish an algorithm so patients can consistently be screened and offered an opportunity to achieve the relief and functional improvement they deserve.”

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