

 SCHULTHESS KLINIK

Zervikale Injektionen unter BV
Gefährlich oder eine gute Behandlung?

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Unterschätzte Nebenwirkungshäufigkeit bei zervikalem Nervenwurzelblock

- 2 Fälle mit Tetraplegie/Parese nach CT gesteuerte periforaminale Infiltration mit Triamcinolon (kristalin)
- MRI ischämische RM Läsion
- Geschätzte Incidenz 1:3'500
- Strenge Indikationsstellung
- Aufklärung einschl. Tod
- Hodler, SAZ, 2007:1710-Moratorium im Balgrist

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Outcome of cervical radiculopathy treated with periradicular corticosteroid injections

- Prospective study, 68 patients
- C arm fluoroscopy
- 22 gauge needle
- Triamcinolone, 1% lidocaion
- No complications, good results
- Bush et al ESJ, 1996:319-325

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Intravascular uptake of interlaminar steroid injection, 4 cases

- fluoroscopy
- Intravascular uptake justifies the use of contrast to confirm non vascular injections.
- Kaplan et al, Arch Phys Med Rehab 2008, 553-8

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The incidence of intravascular penetration in cervical medial branch blocks

- 14'312 injections
- 3,5 % intravascular
- False negative justifies the use of contrast to confirm non vascular injections.
- No complications
- Verrillis et al, SPINE 2008, 174-7

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Complication of cervical nerve blocks 1999-2003

- 1'036 injections (844 patients)
- C arm fluoroscopy, 25 gauge needle, Depot Medrol
- No catastrophic complications such as vessel damage, paralysis, death
- 14 P.(1,66%) minor complication
- Anterior placed needle more prone to complications ($p=0,04$), Technique, Education
- Ma et al, JBJS, Am, 2005:1025-30

**Complication of cervical nerve blocks
1999-2003**

- In conclusion , case reports on complications can be unnecessarily alarming - prevalence not known
- **Ma et al, JBJS, Am,2005:1025-30**

**Cervical transforaminal steroid injections:
more dangerous than we think?**

- Retrospective survey 287 (21,4% out of 1340) pain specialists
- 21,3% were aware of complications
- 16 vertebrobasilar brain infarcts, 12 SC infarcts, 2 combined
- 13 fatal outcome
- Scanlon et al, SPINE 2007, 1249-56

**Cervical transforaminal steroid injections:
more dangerous than we think? Who caused complication - questionnaire n=78**

- 76% Anesthesiologists, 17% physiatrists, 3% ortho surgeons, 1% radiology, neurology, others.
- ?? Intraarterial embolus - incorrect needle placement, methylprednisolon, triamcinolone
- ? Needle induced vasospasm ?
- Preponderance of complications associated with anesthesiologists and physiatrists
- (?) Vertebral artery dissection risks!
- **Scanlon et al, SPINE 2007, 1249-56**

**Cervical transforaminal steroid injections:
more dangerous than we think?
Recommendations**

- Real time fluoroscopy (reduce risk of intravascular uptake)
- Test dose of LA + Steroid (dexamethasone)
- Avoid needle manipulation while changing syringes
- No sedation - reaction of patient!!
- Screening for arterial dissection risk factors
- **Scanlon et al, SPINE 2007, 1249-56**

Selective cervical nerve root blockage: safe and reliable technique: 1994-2007

- 4'612 patients (600/Year in last 6 Y)
- C - Arm fluoroscopy, 25 gauge needle
- Anterolateral approach, contrast control
- Experienced physicians
- 2% Lidocain, Celestone, Depot-Medrol
- No serious complication such as stroke, or spinal cord insult- Technique/Education
- **Schellhas et al: AmJNeuror,2007:1909-14**

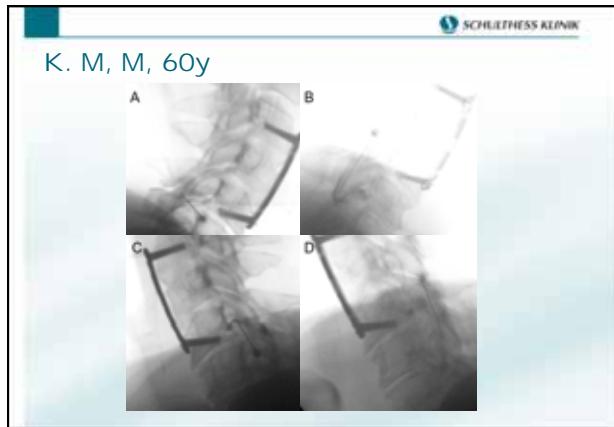
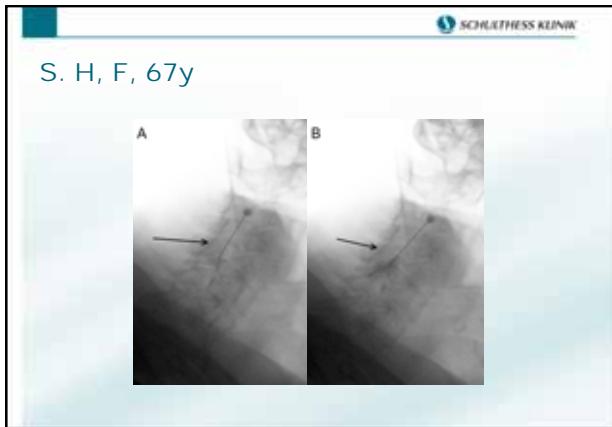
Persönliche Erfahrung mit HWS Injektionen

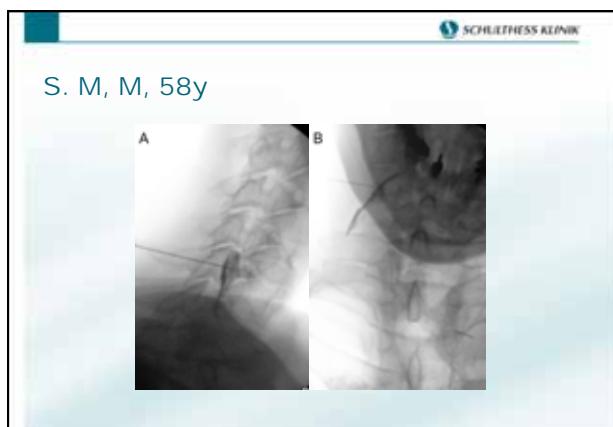
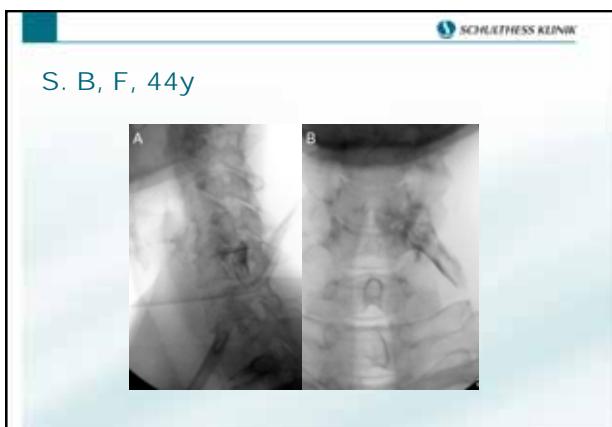
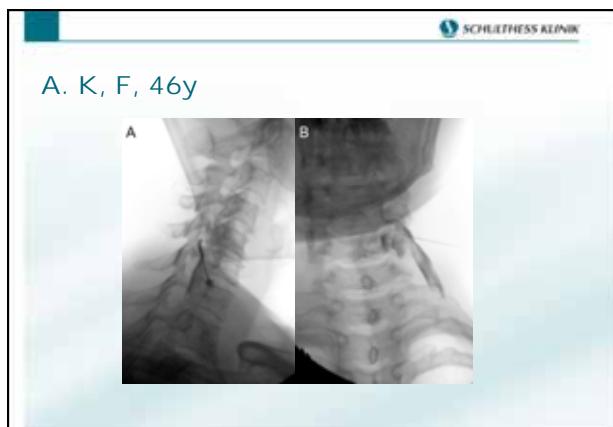
- 1976, Kurs bei James Cyriax London
- 1987 Barrie Tait, Schüler Cyriax in der Schulthess Klinik (KWS), Einführung LWS, Sakralblock
- 1988 Schock
- 1990 Keith Bush London
- 1991 Susan Lord in KWS (6 weeks personal teaching JD)
- 2001 Les Barnsley in der KWS (4 Weeks personal teaching FM)
- 2006 Keith Bush in der KWS - Erfahrungsaustausch

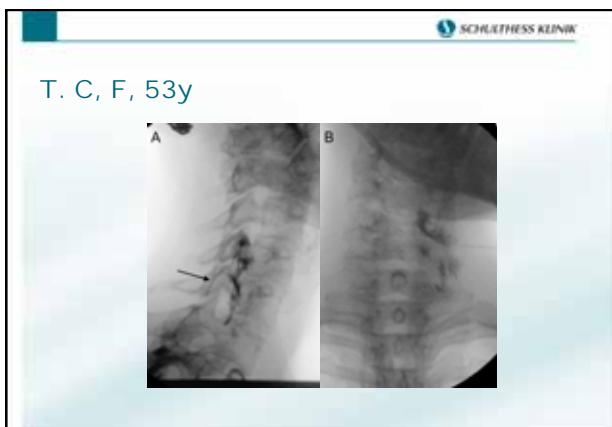
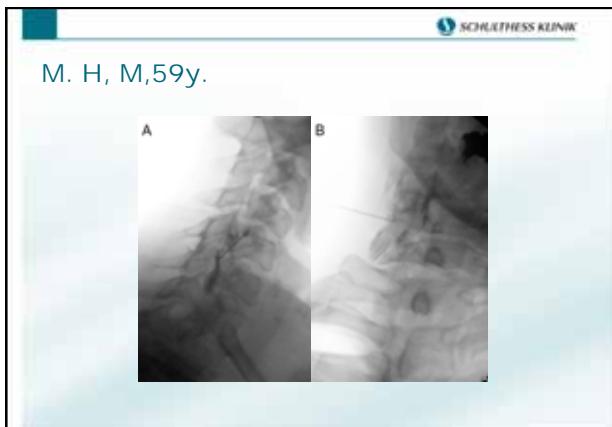
HWS Gelenke, N-Wurzeln Infiltrationen
2004 – 10.11.2008

	DV/MÜ	Andere	Total
Gelenke	2777 (79%)	748 (21%)	3525
Wurzel	1218 (75%)	405 (25%)	1623
Total	3995 (78%)	1153 (22%)	5148









Complications of Spinal Diagnostic and Treatment Procedures
N.Bogduk, P.Dreyfuss, Ch.April et all
Pain Medicine 2008

- Prescribed protocols have not been followed or correct techniques have not been used
- Some operators have an incomplete comprehension of what the procedure entails and have not paid attention to subtle but significant aspects of the procedure
- Complications are avoided by operators knowing the anatomy of the procedure and being able to recognize aberrations as soon as they occur
- A complication can be a catastrophe!

Zusammenfassung und Konklusion

- Komplikationen bei ärztlichen Anwendungen sind ein Problem
- Katastrophale neurologische Komplikationen führen zu persönlichen Tragödien (Patient und Arzt)
- Parallele zu Komplikationen der Manuellen Therapie
- 1980 Tetraplegie nach chiropraktische manipulation der HWS (Dvorak, von Orelli 1982)
- 1981 6 Monate learning Chiro. Osteo Colleges USA
- 1986 Anpassung der SAMM der Techniken-risikoarm
- 1993 Dvorak Loustalot
- Heute Manuelle Therapie Komplikationen reduziert

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Vorbeugung durch Aus-, und Weiterbildung
Reglementierung, aber v.a Eigeninitiative

- Injektionen an der HWS sind gefährlich wenn:
- Autodidaktisch angewendet
- Falsche Technik
- Inadequate Instrumente, z.B. CT, Nadel
- Kristaline Steroide
- Mangelnde kontrollierte Erfahrung
- Und schliesslich die Indikationsstellung!

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Injektionen an der HWS sind effizient und risikoarm wenn:

- Indikation stimmt
- Gelernt in einer klinischen Umgebung von einem Lehrer mit ausgewiesenen Erfahrung
- Infrastruktur, Logistik, Technik up to date (C-arm)
- Gekonnte Technik durch geschulte Hand (Anatomie, Radiologie)
- Risikoarme Medikamente
- Aufklärung der Patienten

(Man kann nicht in einen Kran)



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Danke für Ihre Aufmerksamkeit

