



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3234073>Available online at: <http://www.iajps.com>

Research Article

**ASSESSMENT OF DEPO-MEDROLE INJECTION IN POST-  
OPERATIVE PAIN RELIEF FOR LUMBAR DISCECTOMY  
PATIENTS**Dr.Hadia Aslam<sup>1</sup>, Dr.Kacho Sabir Hussain<sup>1</sup>, Dr.Sabah Ashraf<sup>1</sup><sup>1</sup>Health Department Punjab

Article Received: March 2019

Accepted: April 2019

Published: May 2019

**Abstract:**

**Introduction:** Besides careful patient selection and refined surgical techniques including free fat transplants in lumbar discectomy, administration of steroids and/or injection of long-lasting local anesthetics have been additive treatment modalities for a long time. **Objectives of the study:** The basic purpose of the study is to assess the depo-medrole injection in post-operative pain relief for lumbar discectomy patients. **Methodology of the study:** This cross sectional study was conducted in Health department of Punjab during September 2018 to January 2019. The data was collected from 50 patients of lumbar discectomy. The data was divided into two groups. Group 01: operation (lumbar discectomy) patients, Group 2: operation plus local injection of depomedrole. In group 2 patients we inject local depomedrole after lumbar discectomy. We study the efficacy of depo-medrole injection in second group patients. **Results:** The data were collected from 50 patients. These patients were divided into two groups, 25 in group one and 25 in group two. The mean age of group one was  $30.45 \pm 5.15$  and for group two was  $29.82 \pm 7.16$ . According to statistics the two groups neither contrasted by age nor as indicated by term of side effects ( $p = 0.639$ ) at the season of operation. **Conclusion:** It is concluded that nearby utilization of low dose Depo-Medrol lessens quick postoperative back and leg pain adequately with no danger of infection. Be that as it may, long haul impacts were not seen to be more advantageous than in the control group.

**Corresponding author:**Hadia Aslam,  
Health Department Punjab

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Please cite this article in press Hadia Aslam et al., Assessment Of Depo-Medrole Injection In Post-Operative Pain Relief For Lumbar Discectomy Patients., Indo Am. J. P. Sci, 2019

**INTRODUCTION:**

Besides careful patient selection and refined surgical techniques including free fat transplants in lumbar discectomy, administration of steroids and/or injection of long-lasting local anesthetics have been additive treatment modalities for a long time. Epidural and periradicular infiltration of steroids without surgery has also been a treatment modality. The rationale has been to reduce postoperative pain and minimize the early inflammatory reaction and late scar tissue formation, which might be causative factors in cases with persistent pain and functional disability [1]. Several reports give biochemical evidence of inflammation at the site of lumbar disc herniations. Discectomy is the best treatment for lumbar disc herniation when all conservative methods fail. Discectomy altogether eases back pain just as radicular side effects after the activity. Be that as it may, lingering back pain and radicular leg pain are normal in a larger part of patients who experience discectomy [2]. This pain may differ in force, from gentle to serious, and it can cause critical postoperative inability or delayed emergency clinic remain. Some patients and may build the postoperative necessity of mitigating analgesics or morphine subordinates and opens the patient to reactions identified with these medications [3].

Many lumbar discectomy patients experience persistent or recurrent back or leg pain following surgery. Epidural steroids have been tried for many years as an adjunct to surgery in lumbar disc disease. Their use under these circumstances has been an attempt to reduce early postoperative inflammatory reaction and late scar formation in order to lessen postoperative pain [4]. Ranguis et al. published a systematic review of 12 trials that examined the subject during 1992–2008. Four more trials have been published since. In addition a survey of 112 Canadian neurosurgeons in 2009 showed that 61% of participants do not use epidural steroids in lumbar discectomy [5]. This would indicate that the clinical use of intraoperative steroids in lumbar discectomy is still a matter of controversy. Hence we feel justified in attempting to provide an updated examination of the literature on the matter [6].

**Objectives of the study**

The basic purpose of the study is to assess the depomedrole injection in post-operative pain relief for lumbar discectomy patients.

**METHODOLOGY OF THE STUDY:**

This cross-sectional study was conducted in Health department of Punjab during September 2018 to January 2019. The data was collected from 50 patients of lumbar discectomy. The data was divided into two groups.

Group 01: operation (lumbar discectomy) patients,

Group 2: operation plus local injection of depomedrole.

In group 2 patients we inject local depomedrole after lumbar discectomy. We study the efficacy of depomedrole injection in second group patients. Postoperatively, the entire patient gathering was drawn closer to review their torment power and VAS score were recorded at around fourteen days, one month, a fourth of a year, a half year, one year, and last follow-up after the task. The torment power was evaluated from 0 (no torment) to 10 (most outrageous anguish). All patients were asked to walk rapidly postoperatively once torment reduced and to proceed with their standard work after the discharge on customary development. The patients were surveyed symptomatically similarly as neurologically instantly postoperatively and at development.

**Statistical analysis**

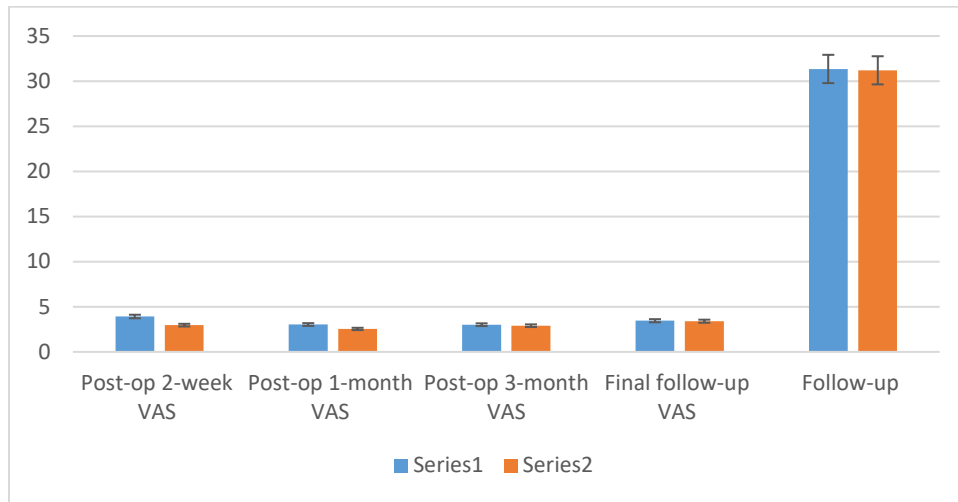
The data were evaluated by using SPSS version 21.0. We compare the values of both groups.  $P < 0.05$  were considered statistically significant.

**RESULTS:**

The data were collected from 50 patients. These patients were divided into two groups, 25 in group one and 25 in group two. The mean age of group one was  $30.45 \pm 5.15$  and for group two was  $29.82 \pm 7.16$ . According to statistics the two groups neither contrasted by age nor as indicated by term of side effects ( $p = 0.639$ ) at the season of operation.

**Table 01:** Demographics values of selected patients

	<b>Group 1</b>	<b>Group 2</b>
Patients	25	25
Gender	12:13	12:13
Age	35.45 ± 5.15	29.82 ± 7.16
Duration	5.67 ± 3.67	5.19 ± 3.54
Pre-op	7.12 ± 0.45	8.77 ± 0.34
2-week follow up	4.22 ± 0.36	2.96 ± 0.38
1-month	4.13 ± 0.17	2.64 ± 0.21
3-month	4.01 ± 0.14	2.80 ± 0.19
Final follow-up	4.15 ± 0.18	3.5 ± 0.20
Follow-up	30.55 ± 5.17	30.10 ± 3.2



Comparison of group 1 and group 2

Pain was controlled by using anti-inflammatory analgesic medicines and it's just for the maintained uniformity. There was no patients who showed score more than 5 during the whole follow-up time period.

**DISCUSSION:**

Intraoperative epidural steroids have been pushed for over two decades and notwithstanding the production of various preliminaries their utilization is as yet thought about a matter of discussion. Ranguis et al. distributed the primary methodical audit of 12 preliminaries on the theme in 2010 [7]. In any case, their meta-examination of information identified with back pain was restricted to 7 preliminaries, information identified with radicular pain was constrained to 5 preliminaries, information identified with postoperative utilization of absence of pain was restricted to 7 preliminaries and information identified with length of clinic stay was constrained to 4 trials [8].

Lowell et al. noted for their situation report that utilization of epidural steroid after discectomy may incline to contamination [9]. Be that as it may, we didn't watch any contamination in either group. We trust that low portions of methylprednisolone can't create contamination if severe aseptic safety measures, fastidious analyzation, and prophylactic utilization of anti-infection agents are undertaken [10].

**CONCLUSION:**

It is concluded that nearby utilization of low dose Depo-Medrol lessens quick postoperative back and leg pain adequately with no danger of infection. Be that as it may, long haul impacts were not seen to be more advantageous than in the control group.

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