Failed Back Surgery Syndrome (FBSS)

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Recurrent or persistent pain in the back after surgeries which cause not the related clinical conditions to be improved, is defined as Failed Back Surgery Syndrome or FBSS. Scar tissue, spinal mobility and biomechanics change, recurrent or residual disc herniation and disturbances in psychological conditions of the patient can result in FBSS occurrence.

There are various methods to manage FBSS including transcutaneous electrical stimulation, intrathecal drug pump, facet joint injections, spinal cord stimulation, chiropractic care, physical therapy and prescribing antidepressants and non-steroidal anti-inflammatory drugs.

Using intrathecal drug pump and spinal cord stimulation methods to manage FBSS, requires some trials to be done in advance. Intrathecal drug pump trials can be done with an injection of intrathecal morphine. Trials for using spinal cord stimulation can be done by an electrode implantation percutaneously and observe the consequent therapeutic responses.

At the discretion of the physician and according to the patient’s responses to each of these methods to manage FBSS, intrathecal drug pump or spinal cord stimulation can be employed.

It is important for the spinal cord surgeons to be aware of the clinical manifestations and management modalities of the FBSS to try to treat such pathology during clinical practice, more effectively.

REFERENCES