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### **EVALUATION OF ADDING TRANSFORAMINAL EPIDURAL BLOCK TO LUMBAR DISC DECOMPRESSION IN LUMBAR DISC HERNIATION**

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Lumbar disc herniation is one of the most causes of lumbar radiculopathy. The usual treatment including: bed rest, medical therapy, physiotherap, and surgical procedures. Percutaneous and interventional techniques such as disc decompression might be appropriate in the majority of patient. The goal of this study was comarison of adding transforaminal epidural block to lumbar disc decompression in patient with lumbar disc herniation.

#### **Methods:**

This study was performed in the interventional operation room of Rasoul-Akram Hospital. Fothy patients, age 25-75 years, ASA I - II, who had low back pain with radicular leg pain due to lumbar disc herniation, without any other pathology in the MRI were randomly assigned into two groups: In group A, percutaneous lumbar disc decompression by Dekompressor was performed under fluoroscopic guidance. In group B, lumbar transforaminal epidural block for three level was added to the above technique. Pain score by VAS and VRS, range of motion (ROM), daily analgesic consumption in the before and after the procedure, and side effects were recorded during 1, 3, and 6 months later.

#### **Results:**

Demographic data in both groups was similar. Although the average pain score (VAS and VRS) were higher in group A than in B for one month, but in 3 and 6 months later, there were no significant differences observed between two groups. ROM and analgesic consumption were similar in both groups. Also, significant side effects was not observed.

#### **Conclusion:**

This study showed although addition of transforaminal epidural block to percutaneous lumbar disc decompression had more pain relief in short time, but resulted in similar outcome for long term. More study was recommended.

**Keywords:** Disc decompression, transforaminal epidural block, lumbar disc herniatin