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Bleeding Complications Rare in Interventional Pain Procedures, Retrospective Study Shows

Feb. 18, 2016, PALM SPRINGS, Calif. – Recent findings support the safety of common interventional pain procedures, even in the presence of aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs). Mayo Clinic researchers reported results in a poster on view today at the 32nd Annual Meeting of the American Academy of Pain Medicine.

In the surgical arena, aspirin and NSAID therapy are often feared for their negative influence on platelet activation and clot formation. “However, little is known regarding the safety of aspirin and NSAID therapy prior to invasive pain procedures,” lead author Nafisseh Warner, MD, said. “This is a first step to better understand these relationships.”

To answer the question of how often bleeding complications occur, the investigators retrospectively analyzed data for 25,000 adult patients undergoing pain procedures from 2005 through 2014. The study reports on moderate-risk procedures, including epidural steroid injections, facet injections, medial branch blocks and radiofrequency ablations, sympathetic blocks and peripheral nerve blocks, among others.

Researchers found that significant bleeding complications -- defined as requirements for red blood cell transfusion within 72 hours -- occurred in fewer than one in 1,000 procedures. Bleeding complications were no more common in the nearly one-third of patients who received aspirin or NSAIDs prior to their procedures than in those who did not. Furthermore, only three bleeding complications resulted in a clinically significant neurological complication. The findings support recently published guidelines regarding antiplatelet and anticoagulant medication use in patients undergoing interventional pain and spine procedures (Narouze et al *Reg Anesth Pain Med* 2015;40:182-212).

“Our data suggest that the continuation of aspirin and NSAID therapy through the peri-procedural encounter for low- and intermediate-risk pain procedures is likely safe,” said Dr. Warner, an anesthesia resident and pain fellow at the Mayo Clinic in Rochester Minn. “It is important for providers to recognize that there may be significant risk in discontinuing aspirin therapy in patients receiving this therapy for secondary prevention.”

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The team is currently exploring bleeding complications in high-risk procedures, including spinal cord stimulator trials and implantations and intrathecal drug delivery system placements, and expects to report those results separately.

In addition, Dr. Warner explained, “Before any significant practice changes are made, we will be seeking to expand our data with the experiences of other institutions, hence obtaining a large multicenter cohort of patients representing a diverse array of pain procedures.”

Poster 159 – Bleeding Complications in Patients Undergoing Interventional Pain Procedures: A Retrospective Review

About AAPM

The American Academy of Pain Medicine is the premier medical association for pain physicians and their treatment teams with some 2,400 members. Now in its 33rd year of service, the Academy’s mission is to optimize the health of patients in pain and eliminate pain as a major public health problem by advancing the practice and specialty of pain medicine through education, training, advocacy and research. Information is available on the Academy’s website at www.painmed.org.

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