

## PULSED RADIOFREQUENCY APPLICATION FOR INGUINAL HERNIORRHAPHY PAIN

To the Editor:

We consistently obtain similar clinical outcomes using pulsed radiofrequency (PRF) applications to those reported by Rozen and Parvez (1). In agreement, our clinic has been successfully treating post inguinal herniorrhaphy pain for 10 years using PRF applications to the dorsal root ganglia. Thus, we thank the authors for their report. We do note, however, that of critical importance in the application of PRF is the proximity of the electrode to the targeted nervous structure. Sensory stimulation current necessary to activate the appropriate dorsal root ganglion was not revealed in this report. Moreover, at a minimum, the tissue impedance and the current delivered should also be described. We strive to produce sensory

stimulation (50 Hz.) of 0.2 volts or less prior to a PRF treatment with the delivery of greater than 200 mA. Should a high tissue resistance prevent the delivery of sufficient current (within the temperature limitations), efforts to decrease impedance by normal saline injection are conducted.

It is virtually impossible to conduct valid double-blinded controlled studies in determining the true efficacy of interventional pain management techniques (including epidural corticosteroid injections). Accordingly, the valuable information provided from the clinical experiences published in the current report (1) is tainted by incomplete "technical" data. In order to establish PRF as a safe and effective treatment tool, reports must be thorough in

their technical descriptions. Incidentally, the manuscript should reflect that PRF was applied not to nerve roots, but to sensory ganglia.

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### REFERENCES

1. Rozen D, Parvez U. Pulsed Radiofrequency of Lumbar Nerve Roots for Treatment of Chronic Inguinal Herniorrhaphy *Pain Physician*. 2006; 9:153-156.

## RESPONSE

We thank Dr. Martin for his comments. We set a limit of 0.5 volts and not 0.2 volts.

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