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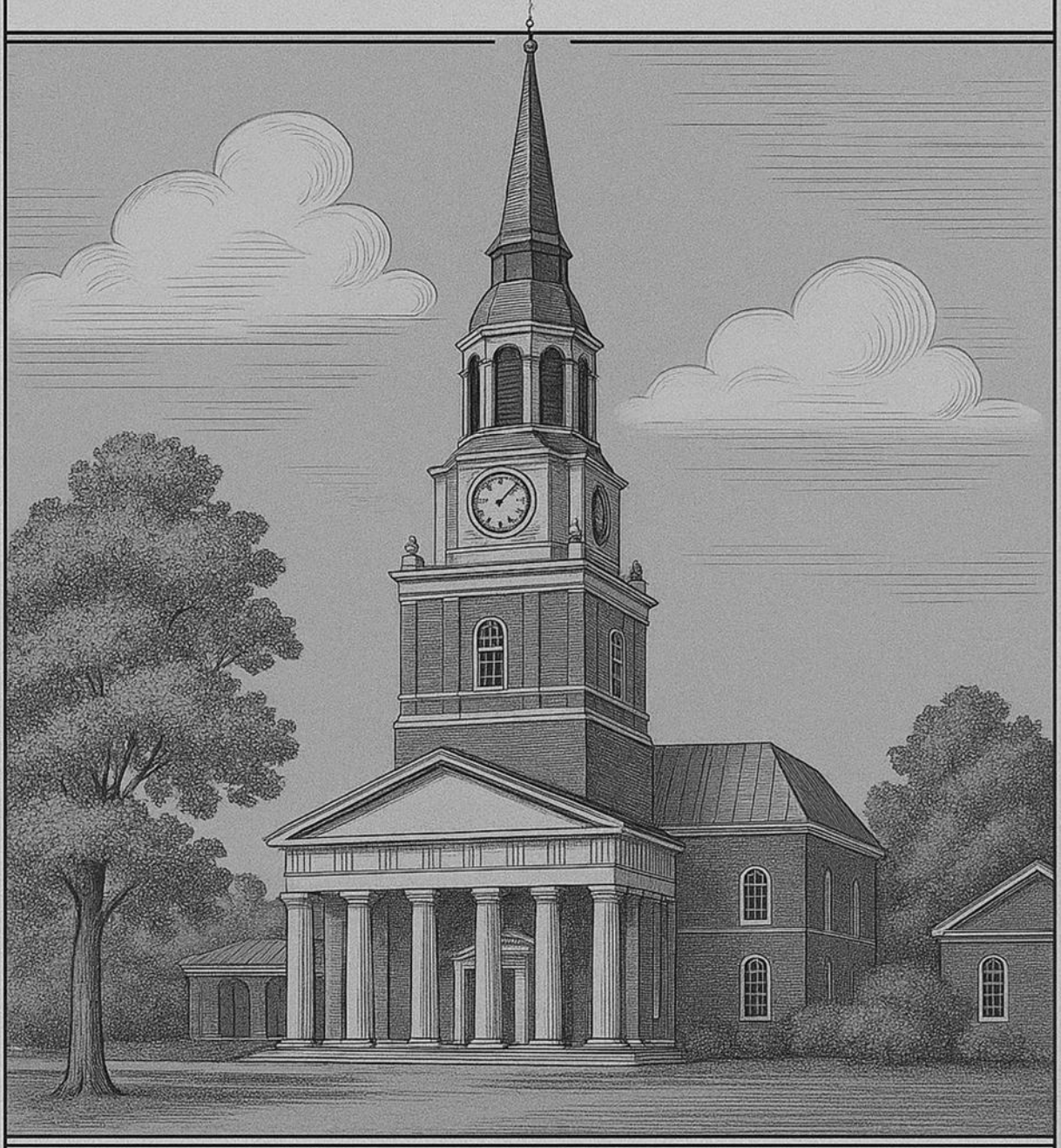


Interventional Pain Medicine

Pain Report August 2025

Editor's Letter

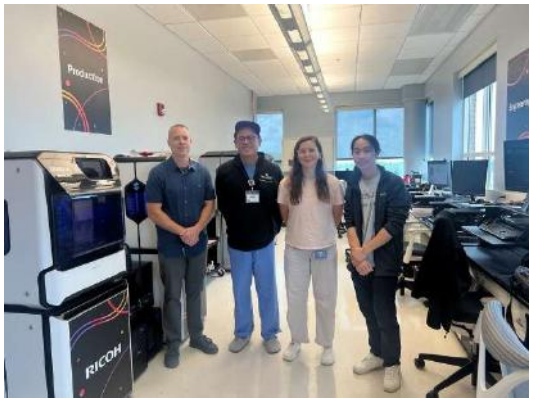
In July, the Department of Anesthesiology participated in the Imprints CARES Camp at the Wake Forest University School of Medicine located at the Innovation Quarter. The camp brought together faculty and local STEM students for hands-on demonstrations and interactive learning. It was a meaningful experience that highlighted the importance of community outreach and engagement.


Courtesy of Johnny Davis Photography

During the event, I had the opportunity to connect with the team from Ricoh 3D Printing, as well as Dr. Joshua Tan from the Department of Radiology, who works closely with Ricoh on advanced imaging and modeling projects. That connection led to a recent visit to their lab, where I had the chance to talk shop and explore how their technology might support innovation in procedural training within our field.

We're now exploring how customized 3D anatomical models could enhance interventional education and pre-procedural planning. It's a good reminder that some of the most valuable ideas come not just from clinical or academic work, but from showing up, sharing what we do, and staying curious.

As we continue to build relationships beyond the clinical setting and welcome fresh perspectives, our department continues to grow. These shared efforts strengthen the foundation of what we do and help shape the future of pain medicine in a way that feels both meaningful and lasting.



-Enrique Galang, MD

Articles of Interest:

1. "Impact of transforaminal epidural steroid injection on pain and disability outcomes by lumbar intervertebral disc herniation class: a prospective study" Pain Medicine. (https://doi.org/10.1093/pm/pnaf040)

This prospective study assessed the impact of TFESI on NRS and ODI scores in patients with radicular pain due to lumbar disc herniation, using the MSU classification. The results showed that TFESI reduced pain scores and improved disability, regardless of disc morphology. However, subgroup analyses indicated that patients in group 1B had significantly lower pain scores at 1 month compared to those in groups 2A and 2AB, suggesting disc morphology may influence the short-term effects of TFESI on pain. Larger-scale studies with longer follow-up are needed to confirm the role of disc morphology in long-term treatment success.

2. “Bone marrow concentrate intradiscal injection for chronic discogenic low back pain: A double-blind randomized sham-controlled trial” Interventional Pain Medicine. (https://doi.org/10.1016/j.inpm.2025.100611)

This double-blind sham-controlled trial evaluated the effectiveness of intradiscal bone marrow concentrate (BMC) for discogenic low back pain (LBP). While 40% of the treatment group experienced at least 50% improvement in pain at 3 and 6 months, this was statistically similar to the sham group. One-year outcomes also showed no significant difference between the BMC and sham groups in terms of pain relief and functional improvement. Despite the promising results, the trial's limitations, including the lack of quality cell analysis, suggest that further research is needed to confirm the efficacy of intradiscal BMC.

3. “Fluoroscopy-guided suprascapular and subscapular articular nerve blocks for chronic shoulder pain: A 12-week observational study” Interventional Pain Medicine. (https://doi.org/10.1016/j.inpm.2025.100582)

This study demonstrates that fluoroscopy-guided articular branch blocks of the suprascapular and subscapular nerves provide significant pain relief, functional improvement, and increased range of motion (ROM) in patients with chronic shoulder pain. Over 12 weeks, patients experienced a 48% reduction in NRS scores and a 57% improvement in SPADI scores, with 78% achieving at least 50% pain reduction. The study highlights the efficacy of these blocks, particularly for patients with adhesive capsulitis or chronic post-traumatic shoulder pain, where conventional treatments often fall short. Despite the promising results, the study's limitations, including the lack of a control group and limited follow-up duration, suggest that further research is needed to validate these findings and explore long-term efficacy.

4. “To trial or not to trial before peripheral nerve stimulation for chronic pain: a retrospective multicenter comparative analysis of temporary-to-permanent and direct-to-permanent implantation approaches” Regional Anesthesia and Pain Medicine. (https://doi.org/10.1136/rapm-2025-106734)

This multicenter retrospective analysis compared the TTP and DTP approaches for percutaneous PNS implantation, evaluating their associations with pain relief, analgesic consumption, and adverse event rates. Both approaches yielded significant pain reductions at 6 and 12 months post-implantation, with no statistical differences between them. However, the study had notable limitations, including selection bias, lack of long-term follow-up, and differences in device manufacturers and procedural techniques among centers. Future research should focus on prospective, randomized studies comparing TTP and DTP strategies, economic evaluations, and long-term follow-up to provide a comprehensive understanding of PNS therapy.

Pain Service Line News and Highlights

- Congratulations to **Korie Woolgar** – Medical Assistant Coordinator on her **28-year anniversary**!
- **Drs. Meredith Adams and Robert Hurley** recently published a narrative review: *Standardizing research methods for opioid dose comparison: the NIH HEAL morphine milligram equivalent calculator*
- **Dr. Meredith Adams** recently published a perspective: *Open data sharing: what could possibly go wrong?*
- Drs. Steven Abriola, Jennifer Oliver, and Robert Hurley recently published: *Clinical Perspectives: Navigating Buprenorphine Formulations for Pain Treatment and Opioid Use Disorder—A Case-Based Approach*.

- **Dr. Abriola** successfully completed physician outreach to local community practices throughout the Triad.
- **Dr. Galang** was recommended for appointment by the North American Spine Society (NASS) Board of Directors as a Member of the **Coding Committee**, as well as the **Payor Policy Review Committee** beginning at the Presidential Conveyance at the 2025 NASS Annual Meeting and ending at the Presidential Conveyance at the Annual Meeting closest to 10/31/2028.
- **Dr. Meister Berger** recently presented at the anesthesiology grand rounds: *Non-obstetric chronic pain and opioid use disorder*

Peripheral Nerve Stimulation Lab

The Interventional Pain Medicine fellows recently had the opportunity to participate in an engaging peripheral nerve stimulation lab hosted by Sprint. The lab was led by David Gutierrez, MD, Spine Program Director, Division of PM&R at Hartford Healthcare. This hands-on experience provided the fellows with invaluable insights and practical skills in the latest pain management techniques.

Volunteer and Outreach Opportunities

Delivering Equal Access to Care (DEAC) Clinic. The DEAC Clinic is a student-run, physician-staffed free clinic for those who cannot afford health insurance and do not qualify for government assistance. At the same time, the DEAC Clinic gives Wake Forest University School of Medicine students valuable clinical experience and provides a teaching opportunity for faculty.

DEAC Clinic Gala: DEAC Clinic students will once again hold their annual fundraising gala on Friday, March 6, 2026.

Save the Dates

PAINWeek Annual Conference: September: 2-5, 2025 | Las Vegas Nevada

American Society of Anesthesiologists - ANESTHESIOLOGY 2025: October 10-14, 2025 | San Antonio, Texas

American Academy of Physical Medicine and Rehabilitation – AAPMR25: October 22-25, 2025 | Salt Lake City, Utah

Stay Connected with Wake Forest Pain Medicine

Discover the latest advancements in pain medicine through Wake Forest University's Pain Outcomes Lab. Our team is dedicated to improving patient care and advancing the field of pain management.

Explore Our Research:
Visit the Pain Outcomes Lab to learn more about our ongoing projects and breakthroughs:
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https://school.wakehealth.edu/research/labs/pain-outcomes-lab

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Join us in our mission to enhance pain management and improve patient outcomes.