An epidural is an injection that should be performed under imaging guidance. It places medication or biologics around the nerves in the spine that may be irritated or otherwise inflamed by a bulging or herniated spinal disc. These shots can often help patients avoid spinal surgery. However, they commonly use steroid, which can reduce the body’s natural ability to heal.

What is an Epidural?

Why should I care? The steroids used in most epidural shots are a real problem. While they are very powerful anti-inflammatories, they also cause severe side effects and dramatically reduce the body’s natural ability to heal itself. As a result, we developed and pioneered using platelet lysate instead of high dose steroids. These natural growth factors from the patient’s own body that are derived from blood platelets can help a patient avoid surgery.

Can the Regenexx-PL procedure replace steroid epidurals?

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What does all of this mean? The top table illustrates registry data collected on 147 patients who received the Regenexx-PL Disc procedure versus 85 who had traditional steroid epidurals. The most interesting statistic is that 11 patients of the 85 needed to switch from steroid epidurals to the Regenexx-PL Disc procedure, while no patients switched from the PL procedure to steroids. The graph below measures the improvement in the Functional Rating Index (FRI) which measures things like pain as well as the ability to walk, sit, lift, bend, etc... Note that steroid epidural patients at 3 months and 6 months post procedure have less improvement in function than patients who received the Regenexx-PL Disc procedure. Note that this is registry data, so it was collected as patients were treated and that data is not from a more formal randomized study.

The Regenexx-PL procedure removes the concentrated healing growth factors from platelets and makes them immediately available to cells.

FRI Score Improvement from Baseline

3 month - Average FRI Δ
6 month - Average FRI Δ
Details: n=60 for patients responding after PL procedure at 3 months and n=48 at 6 months. N=24 at 3 months for steroid epidural patients and n=19 at 6 months.