Patient Information for Manipulation Under Anesthesia

Fibrositis Release Procedures-Manipulation Under Anesthesia (FRP-MUA)

1) What is Manipulation Under Anesthesia?

Manipulation under anesthesia (FRP-MUA) is a non-invasive procedure that has been utilized for over 70 years increasingly offered for acute and chronic conditions, including: Neck pain, Back pain, Joint pain, Muscle spasm, Shortened muscles, Fibrous adhesions, Long term pain syndromes consisting of the patient being sedated with anesthesia (pre-op Versed or Fentanyl) and during MUA includes the anesthesiologist’s choice of Propofol (Diprivan), Midazolam (Versed), Sufentanyl, and, occasionally, Succinylcholine, through a secured IV. The MUA is performed by a trained MD, DO or DC.

2) Is it Safe?

- Manipulation under anesthesia is generally considered safe and is utilized to treat pain arising from the cervical, thoracic and lumbar spine as well as the sacroiliac and pelvic regions.

- **Indications:** 1. Failed, adequate in-office multidisciplinary management with unacceptable plateau 2. Mechanical restriction(s) principle or substantial contributing factor to ADL loss, disability, symptoms and/or chronic medication use 3. No other procedures in another specialty are likely to provide a better outcome 4. Anesthesia and other potential risks are outweighed by potential benefits from MUA

- **Risks/Contraindications:**
  - **Chiropractic:** Contraindications include articular derangements, bone weakening and destruction disorders, circulatory and cardiovascular disorders, or neurological disorders.

  - **Anesthesia:** Contraindication to anesthesia as determined by current medical literature is the responsibility of the licensed medical co-manager (anesthesiologist).

  - **MUA:** Contraindications include cancer, Tuberculosis of the bone, Fractures, Acute arthritis, Acute gout, Uncontrolled diabetic neuropathy, Syphilitic articular or periarticular lesions, Gonorrheal spinal arthritis, Excessive spinal osteoporosis, Evidence of cord or caudal compression by tumor, Severe osteo arthritis.
3) **Patient Selection Criteria:**
FRP-MUA procedures are medically necessary when painful and restricting muscular guarding interferes with the performance of manipulative procedures, mobilizations, and soft tissue release techniques in the acute patient, or when fibrosis-maintained articular and myofascial adhesions cannot be adequately released with a reasonable trial of medical, osteopathic or chiropractic procedures in the chronic patient. FRP-MUA procedures are most commonly used for the management of chronic patients who have not adequately responded to a reasonable trial (two months minimum) of conservative management that has included spinal/joint manipulation.

General indications that MUA could be effective include:
- Herniated disc without fragmentation
- Chronic myofascitis
- Intractable pain from neuromusculoskeletal conditions
- Torticollis
- Chronic re-injury
- Failed back surgery
- Chiropractic patients who have reached a plateau.
- Frozen shoulder, Frozen knee
- Traumatic coccydynia

- *Proper imaging (MRI/CT, AP/LAT with lateral bending studies) will be requested or obtained before consultation and procedure.*

4) **Complications Identified:**
   a) Complications identified are those associated with the risk of anesthesia, mainly airway issues.
   b) Other complications include but are rare include self resolving “Pain Paralysis” documented only 3 times in research history which appeared that the pain of movement “shut down” the sacral and lumbar plexus, no sensory or neurological damage was noted at any point and all patients resolved within 1 week.
   c) Safety of the sedated patient during positioning and gurney transfer.

*Properly administered anesthesia and the use of properly trained FRP-MUA physicians and assistant’s and hospital/surgical center nursing staff reduce these risks.*
You Have Been Determined To Likely Benefit From

Fibrosis Release Procedures-Manipulation Under Anesthesia (FRP-MUA)

So…. What’s Next?

1) Dr. Kaldy will need to gather all of your records relating to your complaint from any other providers that you have seen for this (Pain doctor, Physical therapist, other chiropractors)

2) A telemedicine conference (Interview by computer on camera) will be scheduled with the pain management doctor that works with our office for this procedure.

3) Lab studies will be ordered that will consist of a urine toxicology screening and a likely a couple of blood studies.

4) In most cases, you will receive a prescription for a specific medication from the pain doctor that is a topical cream, NOT a pill. It will arrive to you by mail from a special compounding cream pharmacy.

5) An MRI in the past year of the area along with special x-ray studies, these will be ordered as well of the region that will be treated.

6) Once your insurance benefits are determined, you will receive a phone call to schedule a date and time for your procedure. This can take anywhere from 1-2 weeks to schedule but realize that the goal is to get this done as soon as possible.

7) Following the procedure, there are specific instructions to follow. If you have any questions, please speak with Dr. Kaldy about them.