WHAT IS THE PREDICTIVE VALUE OF A SPERMATIC CORD BLOCK PRIOR TO MICROSURGICAL DENERVATION OF THE SPERMATIC CORD ?

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INTRODUCTION AND OBJECTIVES

- Microsurgical denervation of the spermatic cord (MDSC) has been shown to be a treatment option for men with intractable orchialgia/scrotal content pain (CSP)
- Standard of care is to perform a spermatic cord block to assess if there is any temporary relief in the pain prior to performing MDSC
- This study assesses the predictive value of a spermatic cord block (SCB) with local anesthetic in determining post-MDSC outcomes

METHODS

- Retrospective review of 1261 MDSC cases
  - 1112 patients, 149 bilateral cases
  - October 2008 to July 2019
- Analysis of how patients who had temporary relief in their pain (greater than 50% reduction) after SCB correlated to their final outcome after MDSC
- Outcome after MDSC graded as
  - CR Complete relief in pain
  - PR Greater than 50% reduction in pain
  - NR No response (NR), defined as <50% reduction in pain
- Outcome was based on preop and post-op measurements of pain
  - Using a validated quality of life metric (PIQ-6) and
  - Visual analogue pain score (VAS)

RESULTS

- The positive predictive value (PPV) of a patient having a response to SCB and then achieving response to MDSC:
  - 78% CR or PR
  - 41% Achieving CR alone
- Negative predictive value (NPV) of a patient who did not have any relief with SCB, and then achieving NR after MDSC was 57%

CONCLUSION

- If a patient has no response to SCB, MDSC is less likely to help reduce pain
- However, a positive response to SCB confers a high likelihood of significant reduction in pain after MDSC