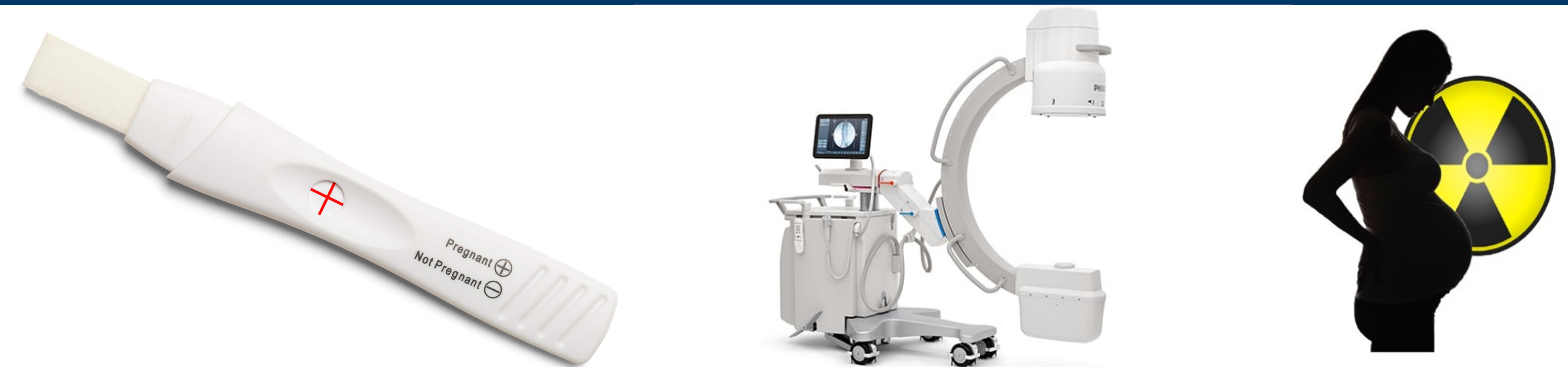


BACKGROUND

Fluoroscopic procedures for chronic pain in pregnant patients pose fetal risks. Pre-procedure pregnancy testing is crucial, especially if radiation exceeds the teratogenic threshold. Clear pregnancy screening protocols are vital to ensure safety. This case highlights the need for clear pregnancy guidelines for chronic pain procedures, especially in sexually-active patients after recent miscarriages.

METHODS

Patient informed consent was obtained for this submission.



CASE PRESENTATION

- 43 y.o. female presenting with lumbar radiculopathy
- Degenerative disc disease at L5 confirmed through MRI
- Scheduled for b/I L5 TFESI
- Weeks prior to the procedure, the patient was found to be 10 weeks pregnant, thus pain procedure deferred
- Patient experienced a spontaneous abortion at 12 weeks gestation, followed by dilation and curettage
- Patient rescheduled b/I L5 TFESI for ongoing pain
- Pre-op workup found patient to have a positive POC urine pregnancy test three weeks after miscarriage
- Patient also reported sexual activity several days prior
- Pain team prioritized safety and postponed the fluoroscopic-guided procedure

DISCUSSION

- **Challenge:** Managing sexually active patients with recent miscarriages undergoing fluoroscopic-guided interventional procedures for chronic pain
- **Uncertainty in test results:** Positive POC urine pregnancy test possibly due to residual hCG post-miscarriage and/or recent sexual activity
- **hCG level trend:** Typically declines by 50% every 2 days and should disappear during the third week postpartum (Figure 1)
- **Impact of sexual activity:** The earliest detection point of hCG usually occurs 8 to 10 days after ovulation
- **Decision rationale:** Despite a low likelihood of a true positive POC urine hCG test, due to uncertainty, safety was prioritized, and the procedure was postponed
- **Importance of guidelines:** This case highlights the need for clear guidelines to balance risks/benefits in complex cases for chronic pain providers

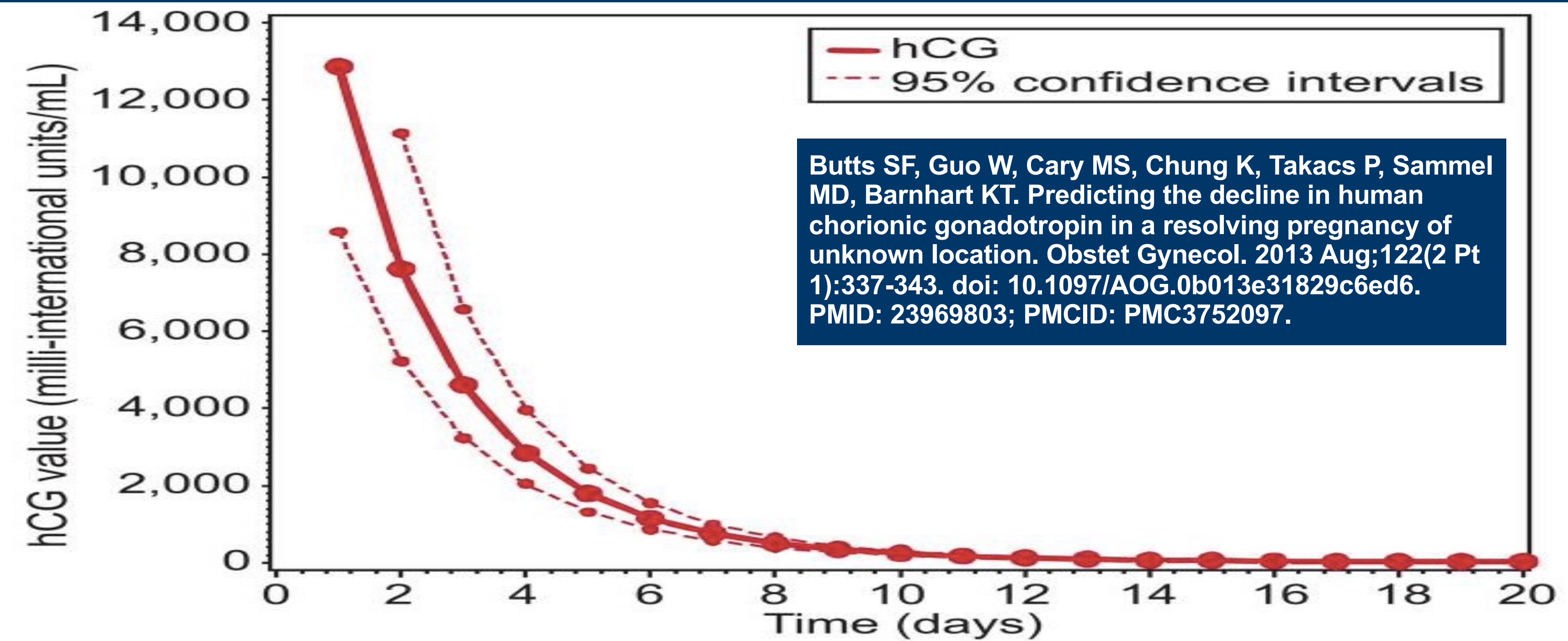


Figure 1. hCG decrease over time

RECOMMENDATIONS

- **Mandatory Pregnancy Screening:** Use standardized forms to inquire about pregnancy status for all females of childbearing age scheduled for fluoroscopic procedures.
- **Primary Urine Beta hCG Test:** Use a convenient POC urine hCG test as the initial pregnancy test. Confirm with a serum hCG test if necessary.
- **Consider Recent Miscarriage:** Carefully time and analyze hCG levels post-miscarriage and schedule patient for fluoroscopic procedures once clearance is imminent.
- **Pre-procedure Counseling:** Educate on menstrual cycles, recent sexual activity, and optimal procedure timing. Educate on fertile window for potential conception.
- **Consent:** Ensure informed consent, emphasizing awareness of radiation risks during pregnancy.
- **Delayed Procedure:** Prioritize patient safety and fetal health when faced with uncertainty.
- **Optimized Radiation Exposure:** Utilize the lowest required doses for imaging. Consider alternative non-ionizing radiation imaging, when appropriate.

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