

Lidocaine Iontophoresis for Intercostobrachial Neuralgia Post Mastectomy

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Type of Participation: Abstract.

Abstract

Aim: To investigate efficacy of lidocaine iontophoresis for neuropathic pain management in intercostobrachial neuralgia post mastectomy.

Design: Single blinded randomized controlled trial.

Method: Forty patients with partial or radical mastectomy were randomly divided into two equal groups, Group A (lidocaine iontophoresis), Group B (lidocaine patch). The methods of assessment included visual analogue scale and pain DETECT questionnaire. Group A received lidocaine iontophoresis day after day for four weeks (10 ml of 2% lidocaine with 0.9 sodium chloride), the application was 1 mA electrical current to the cathode for 10 minutes. Group B received lidocaine 5% patch (LIDODERM®) onto the painful area for 12 h daily. Treatment program extended for one month, while evaluation was done pre and post treatment.

Results: There was no significant difference between both groups in visual analogue scale ($p = 0.14$) and pain Detect questionnaire ($p = 0.32$) pre-treatment. Comparison between groups post treatment revealed a significant decrease in visual analogue scale and pain Detect of group A compared with that of group B ($p = 0.0001$). The percent of decrease in visual analogue scale of group A and B was 86.47% and 61.11% respectively while the percent of decrease in pain Detect was 76% and 49.57% respectively.

Conclusion/ Key Practice Points:

It was concluded that lidocaine iontophoresis was safe and effective method for intercostobrachial neuralgia management post mastectomy in expression of decreasing pain intensity and quality.