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KETOROLAC—KEY DRUG FOR ADHESIVE ARACHNOIDITIS (AA)

Ketorolac (Toradol®) was marketed many years ago as an injectable analgesic with the equivalence of a morphine or Demerol® shot. Consequently, its major use has been for acute pain relief in emergency rooms.

Until recently, no one knew that this old drug is an excellent drug for most patients with AA. It suppresses nerve root inflammation and provides pain relief for the majority of AA patients.

We now recommend that patients with MRI-documented AA take a weekly injection of 30 to 60 mg. It can be repeated 2 more times later in the week. Specifically, we recommend an injection every Monday with 1-2 follow-up injections, if necessary.

SPECIAL NOTES AND PRECAUTIONS

- ✓ Ketorolac cannot be taken for over 5 consecutive days.
- ✓ Ketorolac by the oral route usually causes nausea and stomach bleeding. We don't prescribe oral ketorolac.
- ✓ Users need a kidney test (BUN, creatinine) every 3-4 months.
- ✓ We usually enhance ketorolac treatment with oral methylprednisolone 4 mg or dexamethasone .5 or .75 mg on 3 afternoons a week.
- ✓ Patients can learn to inject themselves (buttocks) or visit their MD, NP, or RN.
- ✓ Wholesale cost of 2 mls (60 mg) is about \$6-7.00.
- ✓ For severe AA flares, ketorolac can be mixed with methylprednisolone, hydromorphone, or meperidine.

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