

Pain Management Clinic ISIC

Let us rebuild a pain free life

Pain is one of the commonest symptoms in patients attending OPDs of various hospitals and clinics. Chronic pain is any pain that has persisted beyond the expected illness or injury, arbitrarily defined as lasting beyond the expected time course, or “3 months”. While low backache and osteoarthritis are one of the commonest causes of pain and disability, others such as neck pain, neuropathic or nerve mediated pain, knee and other joint pains, cancer pains are equally crippling. Most such pains especially in elderly are unrecognized, treated sub-optimally or not treated at all. This results in reduced quality of life with impaired activities of daily living, depression and anxiety, reduced appetite, impaired gait, sleep disturbances and other problems.

Pain Medicine is a discipline of medicine concerned with study of pain as well as prevention, evaluation, treatment and rehabilitation of persons in pain. The role of Pain Physician lies in the proper assessment of the chronic pain condition in order to pinpoint its cause and its management by interventional pain procedures if not responding to conservative management. The focus of Pain Management program is to optimize pain control, design an individualized treatment program, maximize functional abilities, physical and psychological well being and promote patient education & counseling. Since chronic pain is better explained by a biopsychosocial model, apart from the physical basis or underlying pathology giving rise to chronic pain, factors which suggest psychological comorbidity or physical disability are specifically sought and addressed while making the overall treatment plan.

The Interventional pain procedures (Pain injections) are minimally invasive procedures, mostly done on day care basis under guidance of Ultrasound or C Arm fluoroscope and are meant to either deposit a drug (local anesthetic/steroid) near the pain generator, ablation of nerves or implantation of intrathecal pumps or spinal cord stimulators. Interventional pain procedures are used both for therapeutic pain relief as well as to confirm the diagnosis (diagnostic blocks). The Radiofrequency (RF) ablation of nerves and Neuromodulation techniques such as implantable pumps and spinal cord stimulators have made it possible to provide long term pain relief by modulating the pain signals travelling to the brain thereby reducing pain perception.

Low backache and Neck pain are among the commonest debilitating conditions in modern society. Chronic back pain presents a diagnostic challenge. Pain may originate from spinal structures such as facet joints, vertebral periosteum, intervertebral discs etc as well as from paravertebral muscles, abdominal or pelvic organs. Also scientific evidence suggests that psychological illnesses can contribute to the cause of chronic back pain problems. Depending upon the likely source of pain various interventions in the form of trigger point injection, Epidural blocks, Facet/ Medial branch blocks, sacroiliac joint injection can be planned. Once diagnosis is confirmed and pain is recurring, Radiofrequency ablation of medial branch for facet syndrome, L2 ramus communicans in cases of discogenic pain, dorsal root ganglion pulse RF in Sciatica or radicular pain or sacroiliac joint denervation can be done.

Neuropathic or nerve mediated pain occurs as either sharp shooting pain, altered sensations such as burning, pricking etc and hypoesthesia or numbness usually with neurological findings on examination. For managing such pains apart from anticonvulsant/ antidepressant medications, nerve or ganglion blocks, sympathetic blocks, epidural injections and spinal cord stimulators are useful. Orofacial pains can be either due to Trigeminal and other neuralgic pains, temporomandibular joint, atypical facial pains or can appear as a part of either migraine or one of other headache syndromes. While migraine and tension type headaches respond to medical management, interventional procedures such as radiofrequency lesioning or percutaneous balloon compression of gasserian ganglion relieves pain due to trigeminal neuralgia, temporomandibular joint injection and Stellate ganglion block are useful for other indications.

Pain due to knee osteoarthritis can be managed by radiofrequency of genicular branches, which carry pain sensations from the knee joint to the brain. This not only leads to functional recovery which was otherwise affected due to pain and reduce the need for pain killers. The palliative care for cancer patients includes pain relief by means of opioids and interventions in the form of neurolytic blocks such as coeliac plexus, superior hypogastric, and ganglion impar blocks are useful in managing pain caused by certain malignancies.

Thus the management of any chronic pain should be seen as a process rather than a quick fix measure involving a multidisciplinary approach, utilizing education, medications and interventions, physical, occupational and behavioral therapy for alleviating pain and other related sufferings.



ACUTE PAIN MANAGEMENT SERVICES

PATIENT INFORMATION PAMPHLET

- Pain following an operation is inevitable.
- Different operations lead to varying degree of post operative discomfort.
- We aim for your pain to be at acceptable level on movement and should not prevent appropriate function e.g. Physiotherapy

✧ **How to report your pain after operation?**

- Your pain will be regularly assessed so that we can treat you effectively.
- Nursing staff will use a pain scale to assess your pain.
- Pain scales are

Verbal rating scale

No pain-0

Mild pain - 1-4

Moderate pain - 5-8

Severe pain - 9-10

Numerical rating scale



You will be required to report your pain according these scale to the Pain nurse

✧ **How can we reduce your pain?**

Pain relief is available through medication in different forms and strengths. For example:-

Tablets

Paracetamol :- for mild to moderate pain

NSAIDS :- for mild to moderate pain e.g diclofenac , brunfen etc

Weak opioids :- for moderate to severe pain e.g tramadol

Strong opioids:- for moderate to severe pain e.g.morphine , oxycodon

Suppositories

Mostly used for children in which medicine usually given by rectal route.

Intravenous medication

You may need to have pain killer by intravenous injection

PCA Stand for Patient control analgesia. You control this by pressing a demand button allowing a small amount of pain killer into your vein. This usually takes 5 minutes to start working. The device has a built in safeguard to preventing you giving yourself too much.

SIDE EFFECT AND COMPLICATION:-

- Sedation,
- Dizziness,
- Nausea,
- Vomiting,
- Constipation,
- Physical dependence,
- Respiratory depression etc.

Nurse and pain team are able to give you advice and support

Regional block

Regional block is of two type

- 1 Epidural block
- 2 peripheral Nerve block

Mode of infusion used in regional nerve block is either a single shot or continuous infusion through epidural catheter or catheter placed adjacent to nerve (perineural catheter). The medicines used are local anesthetic drugs such as Bupivacaine, Ropivacaine with or without opioids such as fentanyl and morphine etc.

EPIDURAL BLOCK:- This will be carried out at the time of operation and give a numbing sensation for 2 to 24 hours. Epidural can be put when you are fully awake or under sedation in sitting or lying position. Better pain relief than other method. Reduced complications like nausea, vomiting, delayed bowel functions, sedation and return more quickly to eating, drinking. Epidural is usually continued not more than 3-4 days.

❖ CAN ANYONE HAVE EPIDURAL?

No an epidural may not always be possible if the risk of complications is too high like;

- You are taking blood thinning drugs
- You have a blood clotting abnormality
- You have severe arthritis or deformity of the spine
- You have an allergy to local anesthesia

SIDE EFFECTS AND COMPLICATION :-

- Inability to pass urine ,
- low blood pressure,
- Motor weakness,
- itching, Feeling sick ,
- backache,
- Inadequate pain relief -

ACUTE PAIN MANAGEMENT SERVICE

The acute pain team may visit you prior to your surgery to discuss ways to control your pain and also visit after your operation .
You can ask to see a member of the acute pain team at anytime .

your question will be very welcome

You can also help to relieve pain by distraction activities

- ❖ listening to music
- ❖ reading
- ❖ watch television
- ❖ changing position
- ❖ pillow and relaxation
- ❖ Ice pack