

SYMPOSIUM : PAIN MANAGEMENT : CURRENT TRENDS

Pain Management: A New Super-Speciality

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Pain is one of the most common reasons for patients to seek medical attention and one of the most prevalent medical complaints in today's world. Pain is 5th vital sign as per W.H.O. Pain is now understood as primary medical condition. "The neurosignature of pain experience is determined by the synaptic architecture of the neuromatrix". The treatment of the acute, chronic & cancer pain is demanding & challenging. Effective pain management presents a significant challenge for physicians, other healthcare professionals, and their patients.

Pain Medicine, a super-specialty, deals with the management of difficult chronic painful disease states including treatment of cancer pain. A majority of complex chronic painful states, unresponsive to conventional treatment are being successfully treated at Pain Clinics. The very concept of a Pain Clinic is based on the conviction that the effective management of difficult pain conditions is possible only through well-coordinated efforts of a specialist possessing knowledge and skills to diagnose and treat pain.

Pain Clinic uses services of specialties such as neurology, psychology, physical therapy, orthopedics, anaesthesiology and neurosurgery. "Comprehensive multidisciplinary pain management centre" is the highest pain management facility/ centre of excellence, which is equivalent to super specialty cardiac / neuro / nephrology centre.

Thus, Pain Clinics are specialized areas that are now assuming the role of an essential service as they meet a need unmet by any previously existing medical facility. They help by simultaneously treating the physical, emotional, cognitive, behavioral, vocational and social aspects of chronic pain cost-effectively. You must see a pain specialist if you still suffer from pain after a month of conservative treatment. Sooner your pain is managed better are the overall results. With interventional pain management patients are getting back to normal life.

Chronic pain is a disease, a syndrome not just a symptom.

Chronic pain can lead to depression, anxiety, marital & interpersonal problems, decreased productivity, unemployment, compromised social roles, isolation, financial burden, dependence, prolonged analgesics usage, decreased self esteem with behavioral changes adversely affecting quality of life (QOL) & activities of daily living (ADL).

"Not tonight, dear. I have a backache." Backache is second only to headaches as the most common location of pain.

Some 75 million Americans experience persistent pain and at least nine

per cent of the USA adult population is estimated to suffer from moderate to severe non-malignant pain. Patients with chronic (or "persistent") pain can be especially difficult to treat. In one survey conducted for the American pain society, 47 per cent of those with moderate, severe or very severe pain had challenged physicians at least once since their initial visit for pain relief. When asked why, they cited continued suffering (42 per cent), the physician's lack of knowledge (31 percent), not taking the pain seriously enough (29 percent), and unwillingness to treat it aggressively (27 percent) as reasons for the change. Situation in India is not very different from this one.

Despite these startling statistics pain still remains inappropriate & inadequately treated. Although tremendous scientific & technological advances have been made, the knowledge & techniques are highly underutilized. This is due to lack of dissemination of information to clinicians. "It's easy to be paranoid when you hurt like hell and you are on the mercy of healthcare system" is an observation of a suffering medico. The clinicians must learn to make distinction between acute and chronic pain before embarking upon treatment. The skill of proper pain management lies not in ability to perform difficult advanced blocks but in the determination of appropriate diagnosis & therapeutic modalities. A problem arises when chronic pain feels like acute pain, is described to (and is accepted by) physicians and therapists as acute pain, and is then treated as acute pain. When this happens results are apt to be disappointing to both the patient and the physician and both may end up feeling quite frustrated. "Control pain before it controls you" as "Pain begets pain" To both recover from, and to treat, chronic pain requires taking a different approach.

"Take two aspirins & go to bed" dictum of old days is over "What can't be cured has to be endured" has changed with the role of the interventional pain specialist. It's a "medical necessity" There have been many advances in the understanding & usefulness of an intervention at right time in selective patients producing excellent results.

Pain Specialist's ultimate goal is to cure & care people suffering from pain, make them productive human beings for the society and increase their self esteem so that they can live life as normal individuals. Interventional pain procedures scores over both medicine and surgery, as they do not have side effects like medicines. Surgeries for pain, have now limited indications, usually as a last resort.

The interventional pain procedures produce immediate pain relief, can be performed with ease by pain physicians without anesthesia as outpatient or daycare and adequate duration of pain relief obtained and suitable for surgically unfit & debilitated patients, procedure can be repeated safely if required.

In the absence of proper education among health care professionals and lack of awareness in the public mind in India, there is misuse of painkillers resulting in high incidence of complications like gastritis, kidney failure, and bone marrow depression.

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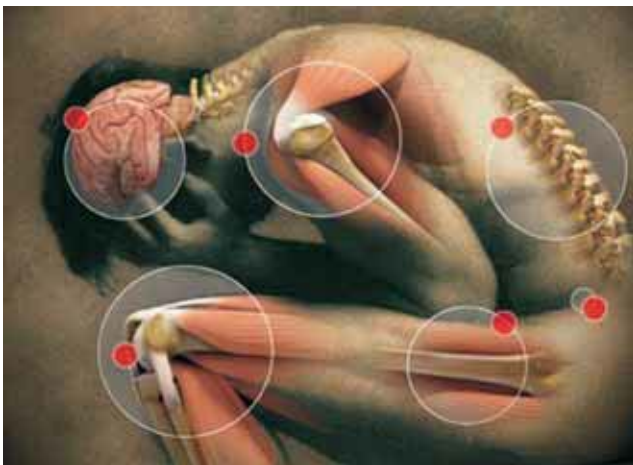
The Indian health care scene has a curious mix of paradoxes. Advances in cardiovascular surgery or high-tech investigative facilities in India are on par with any advanced country, at least in some cities. Though skills, advanced equipments are available, still pain relief is not available to majority of its population. At least a million people in India suffer unrelieved cancer pain. The number of people suffering other chronic pain conditions is anyone's guess. Paradoxically, India stands high chance to become the health destination for pain management for the world, by using interventional pain therapies and very effective traditional therapies unique to India.

With the advancement of technology and science, we have unveiled many aspects of the pain and its treatment. We have to work hard to spread the knowledge of interventional pain techniques. Our goal is to help people suffering from pain, make them productive human being for the society and increase their self esteem so that they can live life as normal individuals.

Unfortunately awareness about pain management among medical professionals is very limited. In contrast to USA and other developed countries Indian medical community is not aware of interventional pain management techniques which can be helpful for many patients suffering from intractable chronic pain.

Pain treatment is tailor-made & no single treatment fits all. Under treatment of pain is a major public health concern. It is a silent epidemic, don't let this happen to someone you love. Untreated pain destroys people's lives. I have had patients who couldn't work or sleep or play with their children; Good pain management gave them their lives back. It is cruel to deny people in pain access to effective pain treatment. People should not be suffering needlessly. "No one needs to suffer as so many good and effective treatments are now available at specialty pain clinics".

"Pain is real & treatable — There is no merit in suffering!"



Control Pain before It Controls You!

Advanced Pain Management done at Pain Clinics for:

Chronic Intractable Pain Syndromes
 Back Pain / Leg Pain (Discogenic/Spinal Canal Stenosis)
 Facet Joint Syndrome/Spinal Arthritis
 Spine (Axial) Pain (Cervical/Lumbosacral/Thoracic)
 Sacroilitis / Strain & Coccydynia
 Disc Diseases (Hernia/Prolapse/Rupture/Slipped)
 Rediculopathy / Sciatica
 Neuralgic Pains / Plexopathies
 Herpes Zoster Pain /Neuralgia (PHN)

Trigeminal / Cranial Neuralgias
 Spastic Cerebral/Spinal Palsy
 Fracture Spine (Compression # of Vertebra)
 Reflex Sympathetic Dystrophies (RSD)
 Complex Regional Pain Syndromes (CRPS 1 & 2)
 Failed Back Surgery Syndromes (FBSS)
 Musculoskeletal / Myofascial Pain Syndromes
 Vasospastic Ischemic Pains
 Neurogenic Claudication
 Cervicogenic / Tension/Cluster Headaches
 Post Surgical / Post Traumatic / Sports Injury Pains
 Central Pain States
 Fibromyalgia
 Cancer Pain/ End of Life Pain / AIDS Pains
 Chronic Visceral / Pelvic Pain Syndromes
 Osteoporosis / Metastatic / Paget's Disease Bone Pains
 Hyperhidrosis (Wet Hands/Underarms/Feet)

Remember: no one dies of pain but many die in pain and even more live with pain! "Help Them"



Non-Surgical Techniques of Specialized. Fluoroscopic/ Ultrasound/Nerve Stimulator/CT-Guided. Percutaneous Interventional Pain Procedures. For Diagnostic/ Therapeutic/Neurolysis of:

Diagnostic Epidurography Followed by
 Transforaminal/ Interlamminar Epidural Medication at Cervical/Thoracic / Lumbar / Sacral / Caudal Levels
 Selective Nerve Root Sheath Block (SNRB)
 Provocative Discography & Intradiscal Interventions
 Lumbar/Cervicothoracic Sympathetic Blocks / Neurolysis
 Percutaneous Vertebroplasty (PVP)
 Facet Joint/ Sacroiliac Joint / Piriformis Blocks
 Decompressive Neuroplasty / Epidural Adenolysis
 Intrathecal Opiate/Baclofen Pump Implants
 Spinal Cord Stimulator/Neuromodulation Implants
 Cranial Nerves Blocks / Neuroablations
 Trigeminal Gangliolysis
 Somatic Nerve / Myofascial / Myoneural Blocks
 Trigger Point Injections With Steroids/Botox/Neurolytics
 Stellate/Celiac Plexus/Hypogastric/Impar Neurolysis
 Botox Chemodenervation
 Prolotherapy/Mesotherapy/Intramuscular Stimulation
 Interpleural Catheter /Splanchnic Blocks
 Paravertebral / Psoas Compartment Blocks
 Vertebroplasty, Kyphoplasty,
 Shoulder & Knee Joints Blocks
 Nerve Sheath & Plexus Catheterisation & Medication
 Laser Lesioning / Radiofrequency (RF) Neuroablations