

Excerpt from “Pain Wise”

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So you’ve picked up this book, which likely means one of two things: either you are suffering from a condition that is causing chronic pain, or you are trying to understand the pain of a friend or loved one. We understand, and we’re here to help. Pain management is one of the most misunderstood specialties, and it means many different things to different people. No doubt your head is swimming with all the treatment options being thrown at you. With so many options to choose from, you are probably wondering what exactly “pain management” is.

Pain management is a subspecialty of many different kinds of doctors. You can walk into the office of a doctor who promotes himself or herself as a pain management physician and see a psychiatrist, a physiatrist, a surgeon, an anesthesiologist, a chiropractor, an acupuncturist, or a variety of other physicians. In today’s world, all of these different types of physicians may call themselves pain management doctors, and so this won’t differentiate them from the more highly skilled and trained physicians who practice the subspecialty of interventional pain management (IPM). Interventional pain physicians are experts at diagnosing and then treating chronic pain conditions using precision-guided injections or minimally invasive therapies. The types of physicians that may perform interventional pain management most commonly include anesthesiologists and physiatrists, but interventional pain management treatments are also performed by many other specialists, including radiologists, neurologists, neurosurgeons, orthopedists, and general practitioners. In some areas, a nurse practitioner or a physician assistant may perform these procedures (a practice which deeply concerns the authors of this book).

The complexity of different treatments and multitude of providers means that there is a great deal of variability in the level of training and quality of care. A patient, therefore, must become an active participant in his or her own care. You must be knowledgeable about your choices. Finding a doctor who will meet your needs and expectations requires at least as much research as buying a car. You wouldn’t walk into a car dealership without knowing what kind of car you needed, what a reasonable price might be for that car, and what you should expect from your new vehicle. In the same way, you should walk into a pain management office knowing what type of doctor you’re seeing, what his or her qualifications are, and what type of treatment you can expect. It is important that you understand the differences among providers so you can select the type of physician to best treat your particular pain problem. The authors of this book strongly believe that the practice of interventional pain management is the practice of medicine and must only be performed by properly trained physicians and never by an independently practicing nurse or physician assistant. Interventional

pain management physicians require extensive training to become proficient; the procedures are complex and can be very risky if not performed properly, so it is necessary that the physician has the proper background and training. The advice offered in this book comes from physicians who are actively practicing interventional pain management doctors. Interventional pain management is a specialty that focuses on determining the cause of symptoms and applying treatment options to manage and alleviate chronic pain. We are not simply generic “pain management” doctors. Interventional pain management physicians have a specific skill set, which will be explained in detail as this book progresses. We hope that this book will assist you in differentiating between the various interventional pain therapies and help guide you in both selecting a physician and learning about the various treatment options available today. This book will begin with the basics and will then move to more complex concepts and treatments as it progresses. We have tried to include the more common treatments used today, but by no means is this meant to represent all possible therapies that are available. While we encourage you to read the whole book, please at least review the initial chapters which discuss important concepts that are relevant to all conditions (you may wish to use other parts of the book more as a reference). We encourage you to refer back to this book as you progress with treatment as we believe that you will find it to be a valuable resource as you work with your doctor to improve your pain and function.

Pain management or pain medicine is the branch of medicine devoted to the relief of pain and to improving the function and quality of life for those patients living in chronic pain. Although pain is a condition suffered by all creatures, the medical specialty of pain management is surprisingly new. Perhaps the earliest reference to pain intervention is described in the book of Genesis in the Bible when God put Adam into a deep sleep in order to remove his rib to make Eve. Ancient cultures were well aware of the pain-relieving properties of plants; Egyptian papyrus records from 3000 BC described the use of poppy juice (opium) to treat pain. Chinese and other Eastern cultures identified pain points throughout the body and ultimately developed acupuncture therapy. Early Greek philosophers such as Plato recognized that the brain was the site of pain perception and showed its connection to the peripheral nervous system. In 1170 AD, the first book of Western surgery provides descriptions of sponges soaked in opium held over the patient's nose for surgical pain relief. Morphine was isolated from opium in 1806, the needle and syringe for hypodermic injections were developed in 1839, and ether was first used in 1846 to provide pain relief during surgery. Cocaine, isolated from cocoa leaves from South America, was identified as a local anesthetic in 1860 and was used in nerve blocks soon afterwards. During the Civil War, which saw the first use of high-velocity bullets, physicians noticed that injury to nerves caused pain that seemed out of proportion to the injury itself. Causalgia (now known as complex regional pain syndrome type II), from the Greek word meaning "burning," was described by Weir-Mitchell in 1864.

Chronic pain, back problems, neck problems, disc degeneration, headaches, and pelvic pain are all identifiable diseases and must be treated as such. The goal of interventional pain management procedures should be to reduce and manage pain, with emphasis on the word “manage.” Your physician may not necessarily be able to cure the problem, but they can help you control the pain and maximize your functional level. Although the ideal goal may be to completely resolve the issue and the associated pain, this is often not realistically possible. This is also true for the majority of other chronic health problems. When the pancreas does not secrete insulin, patients are diagnosed with diabetes and treated with insulin for the rest of their lives; chronic heart conditions are treated on an ongoing basis with heart medications, and so on. Chronic pain similarly may require intermittent or continual treatment. When patients have bad discs that are severely degenerated and then develop chronic back pain, they will likely require intermittent treatment for the rest of their life. It is important to have a conversation with your pain physician so that you can ask him or her to explain what can and cannot be achieved with a particular injury or degree of damage. And don't let anyone tell you that surgery will cure; even when it fixes what it intends, it can cause significant problems to adjacent structures. This is true if it is your back or knee (or any body part). While some conditions can be cured, most are managed to provide long-term control. Realistic expectations are extremely important and should be agreed upon in advance with your doctor. If a patient expects to be 100% cured and this does not occur, he or she will obviously be disappointed. If the doctor's and the patient's expectations are radically different, neither will be satisfied with the outcome. When both parties are trying to achieve a 50% to 70% reduction in pain and that goal is reached, both parties will be happy. The role of the pain management physician is often to manage the pain as completely as possible while recognizing that all the pain may not be eliminated.

So when is enough treatment enough? The answer is actually quite simple: when you reach a point where the pain level is tolerable. This varies from patient to patient. In a successful outcome, pain only minimally interferes with the activities of daily living, and symptoms are adequately controlled with either no medication or very low dosages. It is often difficult to determine when the patient is as good as he or she is going to get and when to stop performing procedures. We frequently see patients whose backs and discs are damaged so severely that we have limited options to control the symptoms. For example, patients who have had multiple previous surgeries or who have multilevel damage rarely respond to further surgery. In these situations, we try to control the acute problems, the most severe pain, and then control other remaining symptoms until they're tolerable.

In this book, we have provided you with a basic understanding of the various treatment options that exist today for both diagnosing and treating pain. There are many options available to relieve chronic pain, but they all rely on first finding the correct diagnosis. Don't be afraid to ask your doctor questions that they may not have covered. Finding the right physician with the proper training is a great start. Going through the proper diagnostic evaluations and procedures will help to identify the specific causes of your pain. Although your pain physicians will likely not promise you 100% relief, they should offer to help reduce your pain, improve your functioning, and help

you return to a more normal daily life.