7 Things You Should Know About Pain Management
1: WHAT ARE COMMON CAUSES OF PAIN AND IS THERE A CURE?

Everyone will experience pain at some point in his or her life. Some pain is temporary, such as a stubbed toe that will eventually stop hurting on its own. However, over 22.6 million Americans experience pain that does not go away, pain that has no cure. Chronic pain has a devastating impact on the lives of those who suffer from it. It is often experienced as back, neck and head pain, as well as pain resulting from conditions such as shingles. While there is not often a cure, there are many methods that have proven successful in managing pain, leading patients to lead higher qualities of life.

Low back pain. Low back pain is the most common form of back pain. About 80 percent of the population will experience low back pain at some point in their lives. For some, back pain results from straining too hard at work or during exercise. This type of pain can often be eliminated by resting those muscles. However, there is a more severe form of back pain that can be disabling. There are a number of causes for this kind of pain, including degenerative discs, bulging discs, herniated discs, thinning discs and ruptured discs. When performing properly, discs act as shock absorbers. However, as disease, injury and aging sets in, these discs can become damaged. If this happens a bulging disc may place pressure on the nerves in a person’s back, causing pain. In addition, chemicals may leak out of the discs resulting in a chemical irritation that is also painful.

Medical tests, such as X-Rays, are often unable to identify the source of a person’s lower back pain. In fact, even when additional tests are run, such as an MRI, Computed Tomography (CT) and nerve conduction studies, only about 15 percent of patients will know the exact source of their pain. An interventional pain physician is better equipped to diagnose these sorts of problems by using diagnostic nerve blocks that allow them to determine the most effective treatment. Their success rate in identifying a patient’s source of pain is 85 percent, compared to the 15 percent that other medical tests are able to identify.

Mid to Upper Back Pain. Less common than low back pain, only about 15 percent of the general population suffers from mid to upper back pain. This pain is also known as thoracic pain. It often arises from unhealthy discs, facet joints, muscles and ligaments. It may be the result of disc herniation, degenerative disc disease, arthritis of the facet joints, and injury to the area or spinal stenosis.

While ruptured discs are common causes of pain in low back and neck pain, they are much less likely to be responsible for pain in the thoracic region. The cause of chronic pain in 34 to 48 percent of patients who suffer from mid to upper back pain is found in the thoracic facet joints. Eleven to 13 percent of disc herniations won’t show up on CT scans. If facet joints are suspected as the problem, then interventional pain physicians can try to ease the pain by performing controlled comparative local anesthetic blocks of the suspected facet joint nerves. If the blocks are successful in relieving the patient’s pain then the specialist can proceed with therapy.

Neck pain. Neck pain is less common than back pain. However, because the neck is engaged in so much of a person’s physical activity, it is prone to injury. Much neck pain results from pain in the cervical spine, the section of the spine that is located in the neck. The cervical spine can also be the culprit behind pain in the shoulder blades, upper back and upper extremities, as well as headaches and pains in the face. The causes of neck pain are complex. It often results from things such as unhealthy discs, facet joints, muscles, ligaments and joints on the top of the neck which connect to the skull. It may also be caused by disc herniation, degenerative disc disease, whiplash, arthritis of the facet joints, spinal stenosis and a host of other disorders. An interventional pain physician is able to identify the cause of a person’s pain by performing diagnostic interventions that will allow the physician to eliminate those things that are not the cause of the patient’s pain. These blocks aid in providing more effective therapy to patients suffering from ailments related to neck pain.
**Headaches.** Close to 90 percent of the general population has suffered from headaches. They are among the leading causes of illness and lost work time. While a family physician or neurologist can properly diagnose some headaches, there are those patients who suffer debilitating headaches from which they have found no relief through medication therapy. There are various means by which an interventional pain physician is able to diagnose headaches, by determining if the pain is originating from the neck. He can use diagnostic and therapeutic nerve blocks to provide relief from symptoms, which allow patients to go about their normal lives with less interruptions to their work and home lives.

**Shingles.** Shingles is a viral infection, also known as herpes zoster, which is related to the childhood disease of chicken pox. It is a condition, which affects the nerves and the skin, causing skin blisters or lesions to appear on the skin. These blisters and lesions follow the route of certain nerves. Common areas affected by shingles include the chest wall, upper back, lower back, lower limbs and eyes. Shingles is best managed if treated early.

In addition to those listed above, there are other forms of pain that an interventional pain physician is specially equipped to manage, diagnose and treat. Some other forms of pain may include muscle pain associated with myofascial pain syndrome (MPS) and Fibromyalgia, as well as abdominal and pelvic pain which are associated with problems in the abdominal organs.

For more information on what causes pain and how to properly diagnose it, contact the Pain Management Centers of Paducah and Marion.

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2: **WHO TYPICALLY SUFFERS FROM CHRONIC PAIN?**

Approximately 10 million Americans suffer from chronic pain. While women and the elderly are some of the most common patients, people of all ages, races and genders can be vulnerable to attacks. Those individuals in their 20s and 30s most often suffer from debilitating headaches. Those in their middle age years often experience increased back pain, while the elderly tend to suffer from pain related to arthritis and other painful conditions such as shingles. Of course, many suffer from chronic pain that resulted from a traumatic injury, such as an automobile accident. In those cases there may be some irreversible conditions, which cannot be corrected surgically. No matter where a patient falls on this scale, an interventional pain management specialist can provide treatment that helps to improve an individual’s quality of life.

3: **ARE THERE WAYS TO PREVENT CHRONIC PAIN FROM DEVELOPING?**

Pain is much easier to recover from in people who live a healthy lifestyle, which includes good eating habits, regular exercise and not smoking.

4: **WHEN SHOULD I SEEK HELP FOR PAIN MANAGEMENT?**

Patients suffering from chronic pain should not wait until their pain is so severe that it has begun to affect their lifestyle. Often patients who suffer from a post-surgical or traumatic injury are referred by their surgeon. When the pain persists for at least six months or becomes disabling, patients should consult a physician. If patients do not find relief through medication therapy or other more traditional methods, they should not ignore their pain. They should talk to a physician and ask for a referral to alternate treatment plans, such as a pain management specialist. The sooner patients begin to manage their pain, the easier it will be to stay in control of it.
5: WHAT ARE THE LONG-TERM EFFECTS OF NOT MANAGING CHRONIC PAIN?

Chronic pain and its associated treatments are often misunderstood. These misunderstandings often lead to incorrect assumptions about pain management. It is imperative that patients and employers understand the costly effects of chronic pain when it is left untreated. When it is not managed, it can lead to a series of physical, emotional and financial problems that negatively impact a patient's quality of life.

Pain often prevents a person from performing simple tasks such as exercise, housework or job-related tasks. According to the American Chronic Pain Association, pain accounts for $61.2 million per year in lost productivity for business. *

When one area of a person's life is out of control, it is likely that other areas will also be affected negatively. For instance, when a patient is no longer able to perform well at work, they may be absent frequently or may be less productive on the job. This leads to job loss and financial stress.

When an individual loses mobility and is unable to function physically, they may experience weight gain, muscle atrophy and sometimes diabetes. All of this has a negative impact on a person's emotional health, often leading to depression and anxiety disorders.

There is no reason for patients to suffer unnecessarily. There are treatments available through interventional pain physicians that can provide the patient with the relief they need to get back to leading a healthy, productive lifestyle.

6: WHAT TREATMENT OPTIONS ARE AVAILABLE TO ME?

There are a variety of options available to patients who suffer from chronic pain. While there may be no cure for the condition that is causing the pain, there are many ways that pain can be managed. It is best to start with a conservative and safe plan, which includes exercise, over the counter medication, physical therapy or prescribed medications that do not contain narcotics or opioids. It is also important to keep in mind that every person's body reacts differently to treatment and what works for one person may be less effective for another.

**Massage Therapy.** This is a natural therapy, which patients suffering from chronic back and neck pain often find helpful. A certified massage therapist will use his or her hands, or a medical device, to manipulate tissue in order to release serotonin, a pain killer that the body produces naturally.

Massage is also an effective tool for managing pain caused by tension, stress or lack of sleep. It enhances blood flow and often reduces the presence of substances that may cause continued pain. Patients who suffer from arthritis and Fibromyalgia have also found short-term symptom relief using this type of therapy.

**Physical Therapy.** Physical therapy (PT) can be useful in treating, healing and preventing injuries and disabilities. It has proven to be an effective tool in restoring mobility and healthy body functions.

Physical therapists can employ both active and passive treatments to ease pain. Passive treatments do not require a patient to exert physical energy and include things such as heat and ice packs, ultrasounds and transcutaneous electrical nerve stimulation (TENS) therapy. Active therapy includes stretching, low impact aerobic exercises, as well as strengthening and pain relieving exercises. Patients can be referred by their physician to a licensed physical therapist.

**Herbal Remedies.** Herbal remedies are an alternative therapy that uses various parts of plants for medical purposes. They can be used alone or in conjunction with other medications. While using herbal medication as a tool for managing chronic pain is still in the early stages of research, there are some who seem to find relief for their symptoms. However, because some herbs interact negatively with other medications it is important for a patient to notify his or her doctor of any herbal supplements or medications that the patient may be taking.

Common herbal remedies include ginger extract, willow bark, St. John's Wort and a number of other options.
Over-the-Counter Medications. Most over-the-counter (OTC) medications are safe if used as instructed on the label. They are readily available without a prescription at pharmacies and various retail stores.

The most common forms of OTC pain relievers are variations of aspirin (Bayer), acetaminophen (Tylenol), or ibuprofen (Advil), or naproxen sodium (Aleve). If used as directed, these treatments are relatively safe to use. However, as with most treatments, there are some risks included with each.

All of these medications can be considered NSAIDS, but a risk associated with the use of some NSAIDS such as aspirin, ibuprofen, and naproxen is that they can sometimes make patients vulnerable to gastrointestinal bleeding. This occurs when the NSAIDs trigger an increase in stomach acid, while also reducing the stomach’s normal protective mucus layer. Those patients with high blood pressure, heart disease, pre-existing kidney disease, people taking water pills and people over 60 may experience some kidney damage.

Acetaminophen is generally considered to be safe, if used as directed. However, when a patient takes more than the recommended dose it can cause liver disease, liver failure and sometimes death. Often patients accidentally end up take excessive amounts of acetaminophen because they are take multiple medications which individually contains acetaminophen. For example, Excedrin Migraine and Extra Strength Tylenol both have acetaminophen. Those at the greatest risk are those already diagnosed with hepatitis or cirrhosis.

Non-opioid Prescription Medications. There are several types of pain relieving medications that a doctor may choose to prescribe, including NSAIDS (such as Celebrex), and acetaminophen, adjuvant analgesics and medications that do not include direct pain-relieving properties. These have been proven effective when used as part of a pain management plan, but should only be taken as directed by a physician. Discuss any associated risks of the medication with a doctor.

Opioid Prescription Medications. Opioid medications are often prescribed for patients suffering from chronic pain. There is sometimes a negative connotation associated with these medications. While there are some who have become addicted to narcotic painkillers it is important to understand that there are a lot of factors that go into a person’s addiction. Interventional pain physicians consider a person’s history of addiction when developing an effective treatment plan.

It is important to note the difference between dependence and addiction. Sometimes the body grows accustomed to a medication and doses may need to be increased in order to effectively treat the patient’s symptoms. However, this is not a sign of addiction.

The best way to understand this is to think about a person who suffers from asthma. They are dependent on their inhaler to function and to live a quality life, but that dependence does not denote an addiction. It is a necessary part of the patient's life, in order to be able to perform daily tasks such as work and exercise.

It is important for a patient to work closely with their interventional pain physician in order to manage symptoms and to monitor the effectiveness of opioid drug therapy. If a patient decides to discontinue use of a drug they should consult their physician. Some patients will experience symptoms of withdrawal, but this can be managed with a plan a patient agrees to with his or her physician.

Surgery. There are a few surgical treatments that may be recommended when other treatments have failed to resolve chronic pain issues. These surgeries include implanted pain control systems and nerve decompression. They are sometimes effective in eliminating pain, but can also damage your ability to experience other sensations, including light touch and temperature changes. Some patients have developed a different kind of pain as a result of the surgery performed.
Interventional Pain Management (IPM) should always be considered for treatment of chronic pain. IPM is a medical specialty that uses targeted injections performed in an operating room to diagnose and treat pain. The interventional pain physician works with the patient to understand his or her health history and works to find a solution that improves the patient’s quality of life. The IPM physician uses a c-arm X-ray unit to guide the injection to the source of the patient’s pain. Injection therapy performed in this fashion is much safer and more effective than simple shots given in a physician’s office. Moreover, it reduces the need for prescribed medications, which can be misused or end up in the wrong hands.

Procedures available at the Pain Management Centers of Paducah and Marion include:

- **Epidural Injections**: Injection that can help relieve neck, arm, back, and leg pain caused by inflamed spinal nerves.
- **Facet Joint Nerve Blocks**: Injections used to diagnose the specific source of pain, and for therapeutic relief of low back and/or leg pain.
- **Sympathetic Nerve Block**: Injection into a specific group of nerves called a plexus or ganglion that causes pain to a specific organ or body region.
- **Sacroiliac Joint Injections**: Injection used to diagnose the specific source of pain, and for therapeutic relief of pain in the sacroiliac joints next to the spine.
- **Radiofrequency Neurotomy**: Heat generated by radio waves is used to target specific nerves to reduce back and neck pain by interfering with the nerves’ ability to transmit signals.
- **Lumbar Discography**: A diagnostic procedure in which dye is injected into a spinal disc to determine if a specific spinal disc is the source of the pain.
- **Lumbar Adhesiolysis or Scar Tissue Procedure**: An injection of saline solution is used to dissolve scar tissue that has formed around spinal nerve roots.
- **Lumbar Percutaneous Disc Decompression**: A small instrument is inserted into a spinal disc that has ruptured, herniated, or is bulging to relieve pressure.
- **Spinal Cord Stimulation**: A pulsing, mild electric current is used to block nerve impulses.

The Pain Management Centers of Paducah and Marion strictly adhere to guidelines issued by the FDA, DEA, Medicare, Medicaid and boards of medical licensure. In fact, it was the physicians at the Pain Management Centers (PMC) who worked with Medicare to develop the national guidelines for interventional pain management techniques and opioid therapy. In addition, the American Society of Interventional Pain Physicians’ was founded by the physicians of PMC and is headquartered in Paducah, KY.

NOTES: *http://www.webmd.com/pain-management/features/price-tag-chronic-pain*