What Happens at the Pain Clinic?

By Sarah Babcock, BSN, RN, BC

Can you imagine being in so much pain that you are unable to do your activities of daily living? Many patients face this situation every day. Did you know that pain is the #1 reason why patients seek medical attention?

Try this exercise for an idea of what it would be like to live with pain.

A CONCEPTUAL EXERCISE

Original concept by Robin Kohn RN-BC

To demonstrate how it feels to live with chronic pain:
1) Place Band-aid across your mouth from upper lip across bottom lip
2) Do activities of daily living (ADLs)
3) Remove Band-aid after 15 minutes and ask yourself these questions:

Can you identify where the pain is?
Can you identify what makes the pain better or worse?
Were you able to communicate effectively?
Were you annoyed by the presence of the band-aid?
What sensations did you feel while trying to complete your ADLs?
Were you able to eat/drink?
Did people look at you strangely?
What was your pain level? Anxiety level?

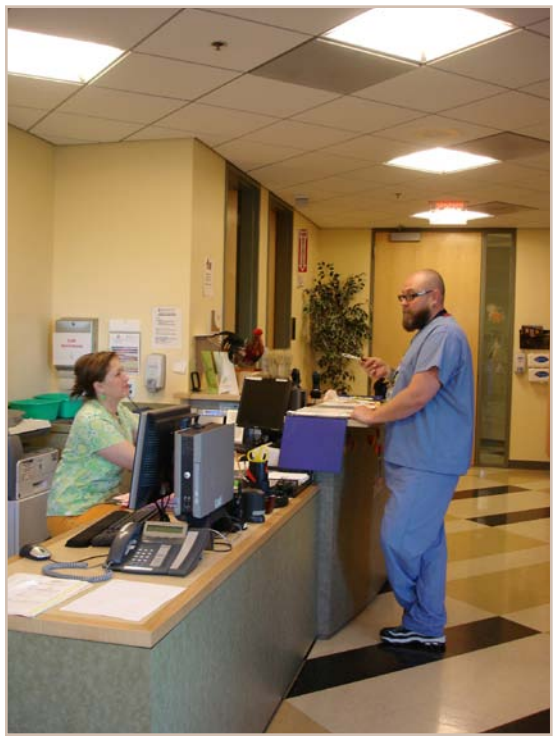
Luckily, UCSD has the Center for Pain and Palliative Medicine. Tucked behind the multispecialty clinic in Moores Cancer Center are two rooms in the Procedure Suite where patients receive treatment to alleviate their pain symptoms. Some patients are referred directly from other services, such as neurology, orthopedics, or neurosurgery, whereas others have gone through a comprehensive pain evaluation and are followed on a regular basis by the Pain Clinic staff. These therapies are directed primarily at neuropathic pain, caused by a dysfunction of the nervous system which is characterized by tingling pain, numbness, and increased pain to touch.

But, always remember that pain is whatever the patient says it is, existing where and whenever they say it does.

In general, it is best to begin by treating pain conservatively. Resting and avoiding activities which may increase symptoms will give the body a chance to heal itself. Pain service practitioners encourage patients to use heat or cold, applying the modality which decreases their symptoms. Non-steroidal anti-inflammatory drugs (NSAIDs) are the first class of medications prescribed. Adjunctive measures, such as physical therapy, chiropractic and acupuncture are effective and may also be used. Other classes of medications, such as opiods, antidepressants, anticonvulsants, local anesthetics, and muscle relaxants are available to alleviate persistent pain symptoms. Patients who go on to be scheduled for procedures have typically been dealing with their pain for six months or longer, with failure of more conservative methods of treatment.

Common procedures performed at the Pain Clinic Procedure Suite:

Epidural steroid injections are injections of corticosteroid medications into a specific location in epidural space which correlates to the site of the pain. The medication acts to reduce inflammation in the epidural space, which, as a result, decreases the pain sensation. Injections may be done using either the translaminar or transforaminal approach. This procedure is used to treat radiculopathy, which is a disorder of the spinal nerve root. Patients typically complain of paresthesias (skin sensation of burning, prickling, itching or tingling, with no apparent physical cause), dysesthesias (impaired or unpleasant sensation to touch or ordinary stimuli), hyperalgesia (extreme sensitivity to pain) or allodynia (pain that results from a non-injurious stimulus to the skin.)



Degnerative changes and associated muscle spasm caused by a forced or traumatic twisting sprain of a facet joint (articulation between two vertebrae), referred to as Facet Syndrome, can cause dull aching pain that radiates into the low back, hip, buttock or upper leg, but does not radiate below the knee. A **medial branch block** (also known as a paravertebral facet joint injection or "diagnostic block") is performed first to confirm the vertebral levels where the pain originates. A local anesthetic agent is then injected into specific facet joints. If the patient experiences pain relief after the local anesthetic takes effect he or she may be scheduled for a radiofrequency ablation, a procedure which uses electric current and heat to ablate the nerves. If successful, pain relief from this procedure can last six to nine months.

Deep muscular pain may be treated with **trigger point injections.** A palpable, firm, tense band of muscle is injected with a local anesthetic, either with or without corticosteroid. Deep infiltration of the local anesthetic into the muscle is achieved, providing immediate relief of the muscular pain. Patients are encouraged to apply heat at home and then to perform muscle stretches. The injections will stop the spasm cycle, but it is important that the patient maintain or increase flexibility of the treated muscle.

For chronic, long term pain patients may be treated by placement of an **intrathecal pump**. The pump mechanism is placed in an abdominal subcutaneous pocket and attached to a permanent catheter, which has been inserted into the intrathecal space of the spine. The catheter is then tunneled or buried under the skin to attach to the pump. Pumps are placed in the operating room and the initial analgesia trial takes place during an inpatient stay. After discharge the patient returns to the Pain Clinic monthly to have the pump filled by the nurse, under the direction of a physician. Morphine, hydromorphone, baclofen, bupivicaine, clonidine, or a combination of these, may be used in the pump. One of the pain center physicians is currently conducting a trial of a new medication, ziconitide, as part of the ongoing effort to improve medical knowledge and patient care in the area of pain relief.

Spinal cord stimulation is an adjunct in the management of chronic intractable pain. It was used initially to treat lower limb pain, but the use of this modality is currently being expanded to include cervical and occipital pain. Spinal cord stimulation is based on the 'gate-control theory.' We have learned that it is possible to change or modify the pain signals traveling to the brain by placing electrode contacts in the epidural space. The electrodes are connected to an implant with rechargeable power and electronics. When activated, the contacts deliver electrical pulses that stimulate nerves carrying pain signals. This stimulation masks the pain sensation in the affected area with a gentler sensation, called paresthesia. Patients are admitted to the Procedure Suite for a trial and, if successful, the patient is scheduled to go to the operating room for implantation of the stimulator.

Nurses play an integral role in the Procedure Suite. They assess patients pre-operatively for appropriateness of the procedure, efficacy of previous procedures, medicine reconciliation, and use of anti-coagulant medications. Patients must discontinue Plavix seven days before and Coumadin 5 days before any procedure involving the epidural space (to achieve an INR less than or equal to 1.5). Nurses provide patient education before and after the procedures and whenever the patient returns to clinic. Procedural nurses are sedation and ACLS certified, per UCSD policy. Though most of the procedures are performed under local anesthesia, conscious sedation, typically with midazolam and sublimaze, is also used. It is important for patients to be comfortable, while maintaining the ability to answer questions appropriately to inform the physician of any sensations they experience during the procedure.

Dr. Nicholas Kormylo described the contribution of the Pain Clinic nurses: "Our outstanding nurses guide the patient through the procedure from start to finish. They do a great job of educating the patient on exactly what will happen in the procedure room and they take the time to answer whatever questions may arise. This is an extremely important step that alleviates a lot of anxiety. The nurses then walk with the patient to the procedure room and help them get positioned comfortably. They monitor the patient's vital signs and ensure the patient is comfortable throughout. Our nurses are famous for the back rubs and leg rubs they give to distract the patient from any discomfort. Once the procedure is finished they escort the patient to the recovery room for a brief stay. Any new questions are then answered and they make sure the patient is stable and comfortable prior to discharge.

While we (physicians) may spend only a few minutes with the patient during the procedure, our nurses are with the patient every step of the way to provide the patient with a safe, comfortable, cohesive experience. Our patients routinely comment on the outstanding level of nursing care they received during their visit. Our nurses really are our most valuable asset."

Mary Lavengood

Patient, Mary Lavengood, has been treated at the Center for Pain and Palliative Medicine for the past year. She has chronic nerve pain, which resulted from a tooth extraction. Dr. Kormylo has been performing right superior alveolar nerve blocks and radiofrequency ablations to treat her pain.

Mary was asked to comment on how the staff at the Pain and Palliative Medicine Center is fulfilling the UCSD mission statement and core values. Mary said "Sarah (my nurse) is a leader. From the first time I met her, I found her to be in control, to have answers to all my questions, and to be informative. She always told me exactly what procedure was being done and then reconfirmed everything with Dr. Kormylo and his team. She was always kind, offering words of encouragement, some type of leg or arm massage, a warm blanket or just a countdown of how much longer the procedure might be . . . it was very encouraging."

When asked about what we are doing well and where we could improve, Mary noted "Everyone I have come in contact with has a smile or a kind word, and is genuinely concerned about my well-being. The team is efficient, compassionate, and appears to really enjoy their work! This is something one does not see often enough in the medical field. Trust me! I've been looking for answers for my pain for almost 6 years, and truly believe you are all the most dedicated team I have encountered!" She went on to comment about what makes the UCSD program exemplary: "Dr. Kormylo was willing to try new areas of pain relief and some were effective. The after-care room is a nice stop- over before leaving. Again such kind staff. I have felt very confident at UCSD and always speak highly of everyone. I try to refer people to UCSD!! You are all great people. You show dedication and integrity that is beyond the call of duty. Thank you for everything!"