Pain Management has been one of the more rapidly expanding fields in medicine over the last few decades. Evidence supporting improved patient outcomes after early referral to a multidisciplinary pain clinic continues to mount. As primary care physicians send more and more patients to the pain clinic, demand for services, and numbers of clinics, climb an ever-rising slope year after year.

Here at the Elliot we are fortunate to have one of the few remaining hospital based multidisciplinary pain clinics in our region. We would like to take this opportunity to briefly outline the array of services that we offer, all of which make us an excellent choice for the initial referral of any pain patient.

**Injection Therapy:** There are numerous injections that remain the staple of care for the average pain clinic patient. The majority of our patients receive one of a series of injections appropriate to their conditions. If, after initial evaluation, the patient is deemed an appropriate candidate for injection, we usually initiate the treatment during the first visit.

The following is a list of different diagnosis and the injections used to treat them:

- Disc Herniation, Degenerative Disc Disease, Spinal Stenosis: Interlaminar Epidural Steroid Injection, Transformial Epidural Steroid Injection
- Facet Disease: Facet Blocks (possible RFL-Radio Frequency Lesioning)
- Myofascial pain: Trigger Point Injection
- Occipital Neuralgia: Occipital Nerve Block
- Sacroiliac Joint Dysfunction: SI Blocks (possible RFL)
- CRPS: Stellate blocks, Lumbar Sympathetic Blocks, IV Regional Sympathetic Block, Spinal Cord Stimulation – SCS
- Trigeminal Neuralgia: Trigeminal Nerve Block
- Groin pain: Ilioinguinal Nerve Block
- Cancer pain: Celiac plexus block. Possible implant
- Pelvic pain: Pudendal Nerve Block

**Medication Management:** If injection therapy has failed, has been only partially successful, or was not appropriate, then the patients may likely be tried on any one of many different medicines. These include many classes of drugs such as NSAID, muscle relaxant, neuropathic pain meds (including antidepressants, antiseizure meds and others) and if necessary, narcotics. Our staff does an excellent job of monitoring all patients’ efficacy, side effects, compliance and possible red flags for abuse.

**Psychology:** Psychological assessment and therapy are a routine part of care at any multidisciplinary pain clinic. We routinely screen all of our patients for factors indicating that they would benefit from psychological treatment and refer as indicated. Whether used to determine if a patient is a good candidate for a certain therapy or simply providing routine counseling, there is little doubt as to the benefit this affords our patients.

**Implantables:** For certain patients, when all of the usual therapies have failed, (including surgery) Spinal Cord Stimulation is often the only chance a patient has for relief. Electrical stimulation of the dorsal columns of the spinal cord via an implanted electrode system is the vehicle used to distract the brain from constant pain signals sent by the body.

For cancer patients, an epidural portacath placed in the spine can make the last days or months of their life a pain-free experience. An intrathecal pump can be used either for cancer pain (just as the portacath can) but delivers its medicine right into the CSF. It can also be used to deliver baclofen into the CSF in patients with severe, debilitating muscle spasm such as in spinal cord injury or MS.

The philosophy of the Pain Management Center is to provide one-stop shopping for the pain patients in our community. Ranging from Discography to Reiki, from SCS to medication management classes and pain support groups, from psychotherapy to referral for surgery if indicated, we have succeeded in bringing comprehensive pain care to the Elliot Health System.

For more information, contact the Pain Management Center at 663-6730.