

Patient information

What is chronic pain and what we can do to help you at the Mercy Pain Management Service?

What is chronic pain?

Pain is defined as an, “unpleasant sensory and emotional experience associated with actual or potential tissue injury” (International Association for the Study of Pain, 1979).

Chronic pain is, “pain that continues after the injury has healed”.

Pain is designed to warn us about injuries or illnesses such as an injured back or appendicitis. Pain is the body’s alarm system.

The brain and spinal cord *amplifies* pain “alarm” signals, a bit like a hi-fi system. This is a good thing when it warns us of new injuries (so we don’t ignore them) but is not good when it leads to chronic pain.

Unfortunately in some people with *chronic pain*, the alarm system “keeps ringing” even though the “emergency” is over and the injury (such as a back strain) has well and truly healed.

This explains why some people have pain even though an x-ray or scan looks “normal” or why a patient with an amputated limb feels pain in his missing leg. You don’t *have* to have damaged tissues to experience pain.

Pain is also an unpleasant *emotional* experience. Fifty percent of patients with chronic pain suffer from anxiety or depression. This is quite understandable: there are few things as stressful as living with constant pain!

Pain, depression and anxiety interact in a “vicious cycle”. When you experience pain, you may get anxious or depressed which in turn makes it harder to cope with the pain. Brain scans have also shown that the parts of the brain controlling emotions and pain are linked together. That is why we pay a great deal of attention to people’s emotions when treating chronic pain.

Pain is sometimes called a *bio-psycho-social* phenomenon. It may affect your general health, ability to work, income, travel, relationships, all aspects of your life.

This is why we sometimes need the help of other health care professionals to treat the “big picture” of *your* pain experience. Psychologists, social workers, friends and relatives may need to help.

Physiotherapy may also be a vital part of your pain management programme. Back pain is a classic example. People who stop exercising their back because of pain become “de-conditioned”, weakening the scaffold of supporting muscles and ligaments which in turns makes the back pain *worse*.

Exercise produces your body’s natural pain killers called “endorphins” which not only help ease the pain but also make you feel better, just like the “high” runners describe after jogging. In this way exercise is also of proven benefit in treating depression.

Unfortunately, some patients with pain become dependent on analgesics (pain killers) which may lead to a whole set of new problems such as “pain amplification” (analgesics can often make the pain *worse*) and addiction. These patients need a sympathetic approach including careful management of their pain medications.

What many people who live with chronic pain begin to realize is that despite our best attempts with needles, injections operations or drugs, some chronic pain may not be “curable”.

Pain management may sometimes focus on helping you to live *a good quality of life with your pain*. Although this may not sound easy, with help it is certainly possible.

Everyone’s pain experience is unique. That is why *you* are the most important person in successfully managing your pain.

Key messages

- Pain is an unpleasant sensory and emotional experience.
- *Chronic pain* is, “pain that persists after the injury has healed”.
- Chronic pain is sometimes called the “silent epidemic”, affecting at least twenty percent of Australians.
- Chronic pain is in part due to a “malfunction” of the body’s injury alarm system. In some people the “alarm bell keeps on ringing” even though the “emergency” (such as a back strain) is over and the injury has healed.
- Chronic pain will often affect your mood, work, relationships and quality of life. To manage pain successfully, all aspects of your “pain experience” must be addressed.
- The chronic pain experience is often very *frustrating*: lots of doctors, physiotherapists, scans and procedures and not much joy! This is in part due to the “complexity” of the pain.
- It may not always be possible to cure your pain. Although *procedures* play a valuable role in pain management more often than not a “magic” needle, operation or drug to cure pain is not available.
- Pain management may mean helping you to *live with your pain to improve your quality of life*. Although this sounds difficult it is certainly possible!

What we can do to help you at the Mercy Pain Management Service?

A visit to the Mercy Pain Management Service consists of a thorough assessment of your pain problem and how it impacts on your life. Because a specialist pain assessment takes considerable time, Dr Visser may send you a questionnaire and telephone you before the consultation in order to get as much information as possible for the planning process.

After your initial consultation you may be booked in for a procedure such as a back injection or be referred to other health care professionals in our team. On some occasions, you may require a short stay in hospital for intensive pain treatment and rehabilitation.

In most cases however, Dr Visser will send your general practitioner or referring specialist a detailed pain management plan which they can use in your care, thus saving repeated visits to the pain clinic.

Some of the pain management procedures offered by Dr Visser at the Mercy Pain Management Service include;

Facet joint injection: a small amount of local anaesthetic and steroid is injected via a fine needle (under x ray control) into the facet joint, a small joint on the outside of the spinal column which causes up to 30 % of back and neck pain.

This injection may improve pain for a variable time in some patients.

Facet joint rhizotomy: a small needle is directed (under x-ray guidance) to the nerve that supplies the facet joint. The nerve is anaesthetized by a small electric current, providing prolonged relief of back or neck pain in some patients.

Epidural and nerve root sleeve injections: Local anaesthetic and steroid is injected (under x-ray guidance) on to an irritated nerve in the back or neck which may be causing "shooting pains" in the leg or arm.

Trigger point injection: Trigger points are tight painful bands of muscle, usually in the back, neck and shoulder which can cause pain in many patients. Injecting these points with local anaesthetic, steroids and other medications may be very helpful.

All of these techniques are carried out under local anaesthesia, sometimes with light sedation and in most cases are done as day procedures.

It is important to note that a proper pain assessment is required before treating patients with injection techniques. Although helpful in many cases, spinal injections may carry a small risk and their effectiveness can vary from person to person. Dr Visser will discuss your individual needs in detail before any procedure.

We look forward to helping you at the Mercy Pain Management Service.

Dr Eric J. Visser MBBS, FANZCA, FFPMANZCA
PAIN MANAGEMENT SPECIALIST AND ANAESTHETIST
MERCY PAIN MANAGEMENT SERVICE

Telephone: **(08) 9370 9329**

Fax: **(08) 9370 9350**