Dr Rick Acland

Burwood Hospital
Christchurch

Spinal Pain - Concurrent Breakout Session (Repeated)

Friday, 29 July 2011	Start 2:00pm	Duration: 60mins	Skeggs Room
	Start 3:30pm	Duration: 60mins	Skeggs Room



SPINAL PAIN

Rick Acland

29 July 2011

“What is this thing called pain?
This funny thing called pain,
just who can solve its mystery?”

Cole Porter 1926

‘Ordering an image may be viewed as more expedient than explaining to a patient why imaging is not necessary’

DIAGNOSIS

- Absolute importance of the history.
- Does the patient reach the radiological threshold?
- When to refer?

GP TREATMENTS

- Explanation
- To rest or not to rest?
- Manipulation
- Medications
- Injections

OTHER THERAPISTS

- Physiotherapist
- Chiropractor/osteopath
- Spinal surgeon
- Pain specialist

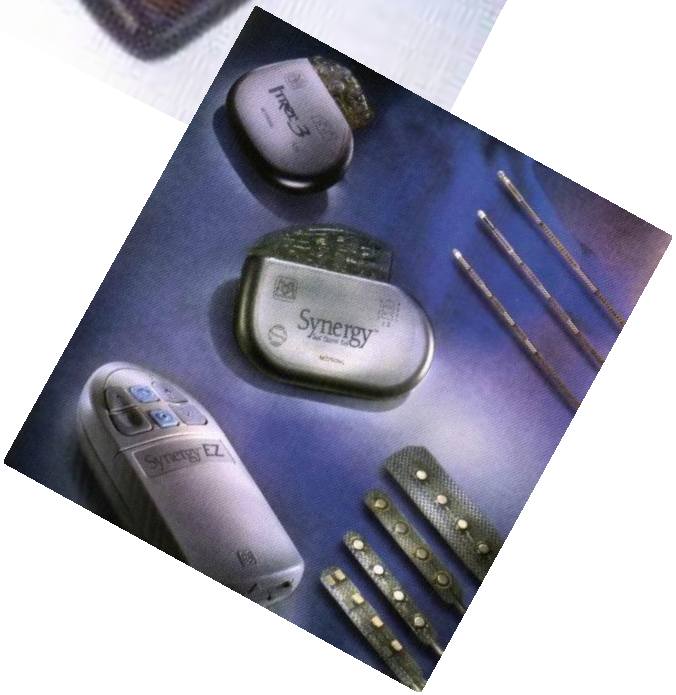

H.R.OWEN
TRADITION OF EXCELLENCE
CUSTOMER
PARKING ONLY
UNAUTHORISED VEHICLES
WILL BE CLAMPED
H.R.OWEN

FAILED BACK SURGERY SYNDROME

- What is it?
- Incidence?
- Management?

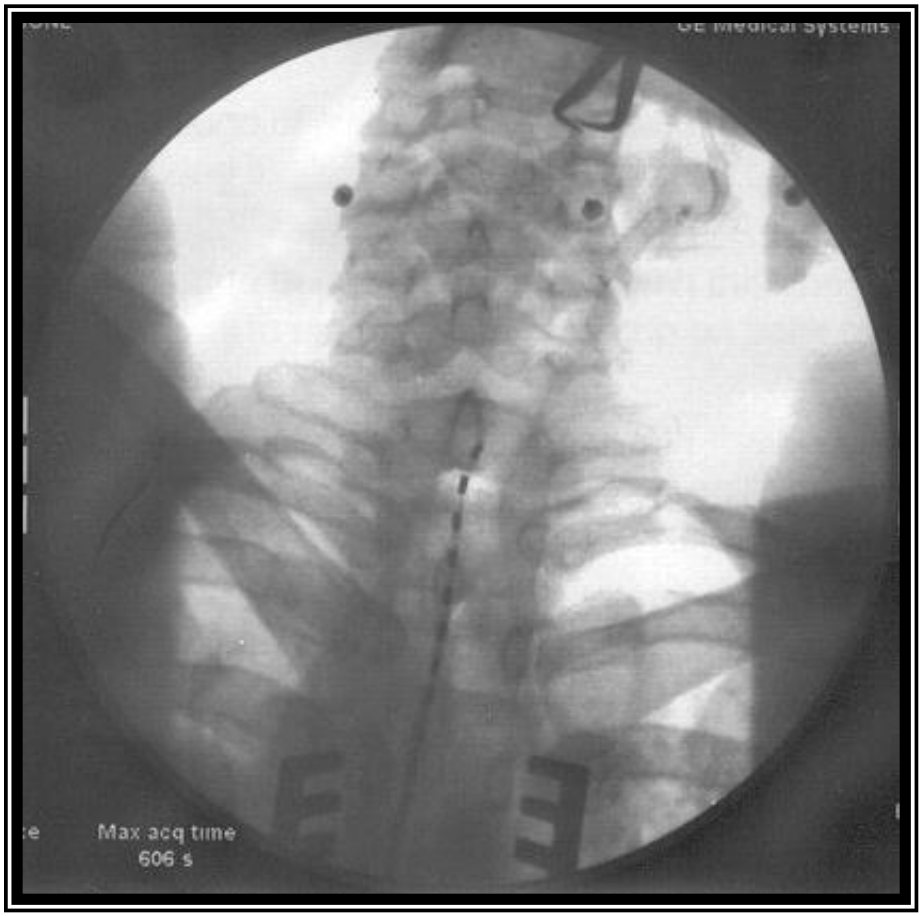
SPINAL CORD STIMULATION

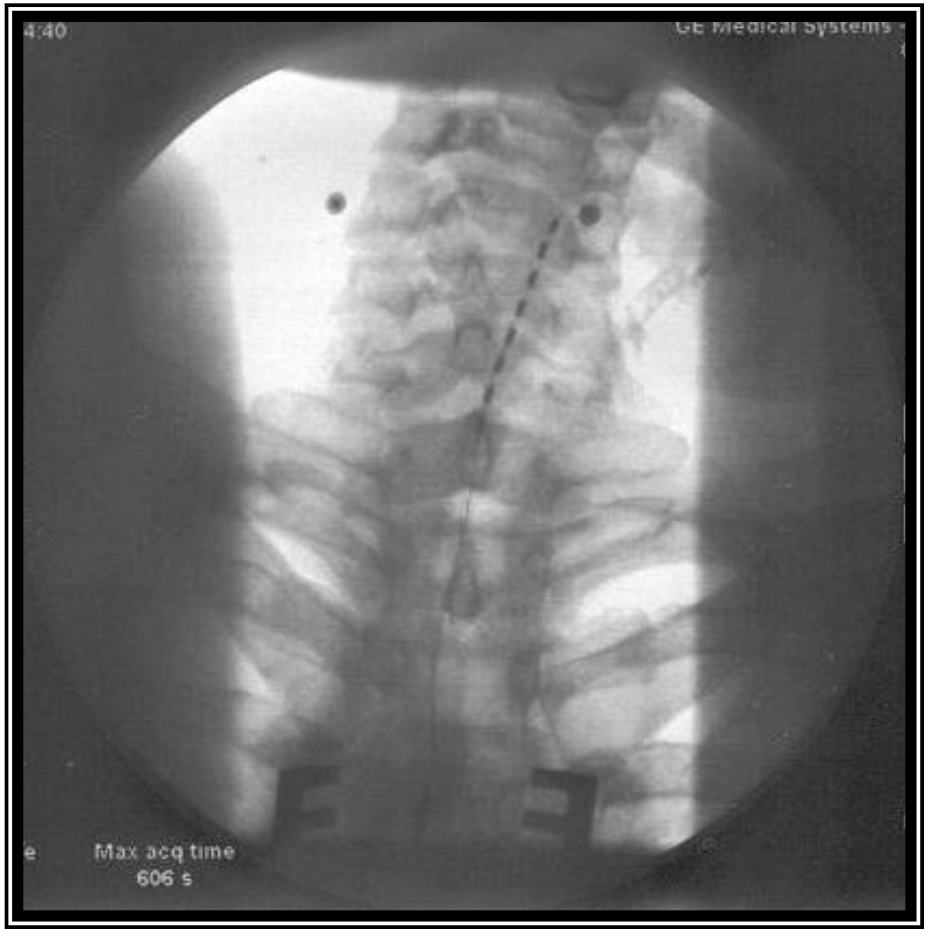
Spinal Cord Stimulators



SPINAL CORD STIMULATION (SCS)

- The meaning of insensate stimulation!!

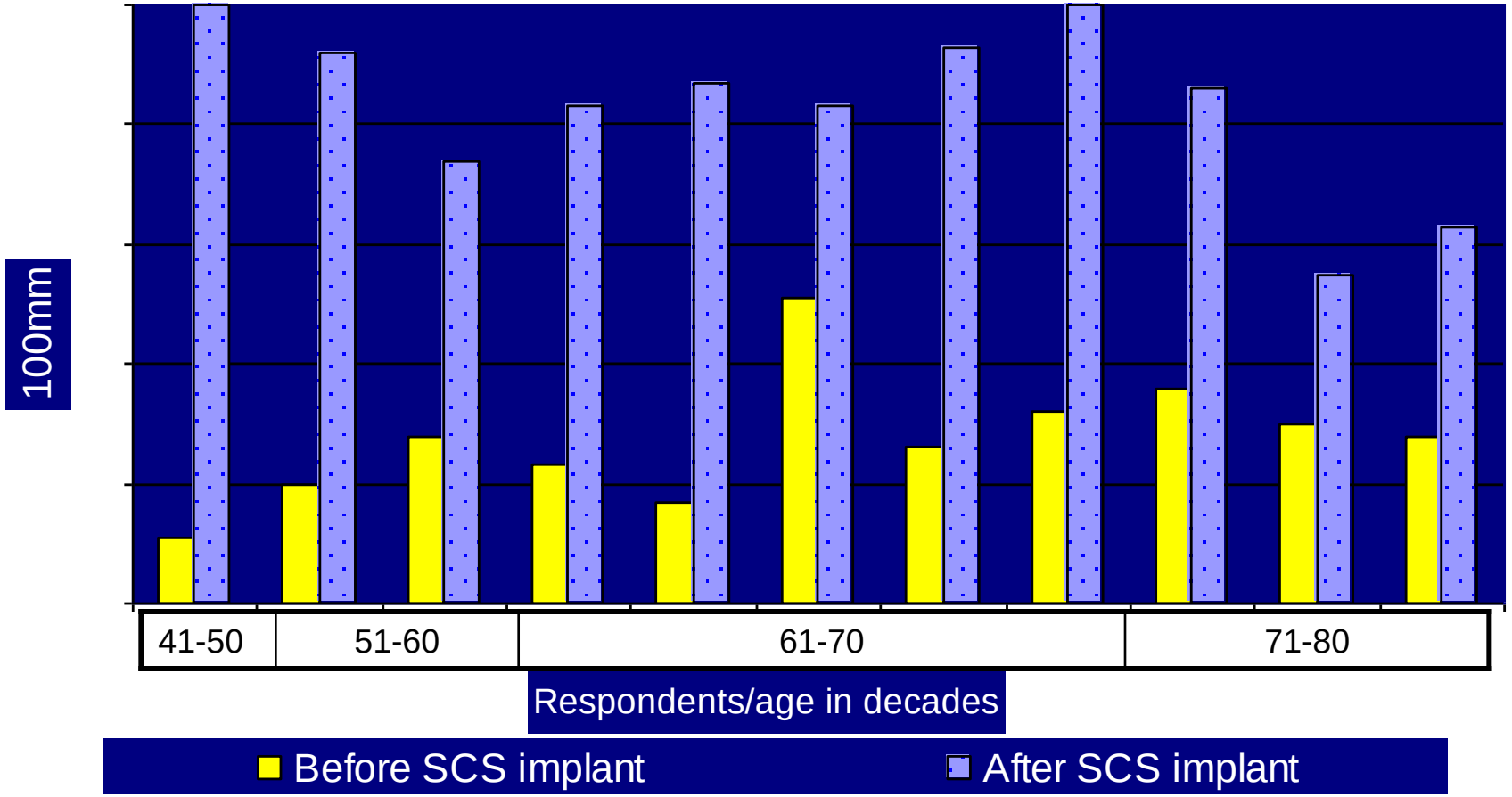

Max acq time
606 s


4:40
GE Medical Systems
Max acq time
606 s

Self-reported QOL before and after SCS

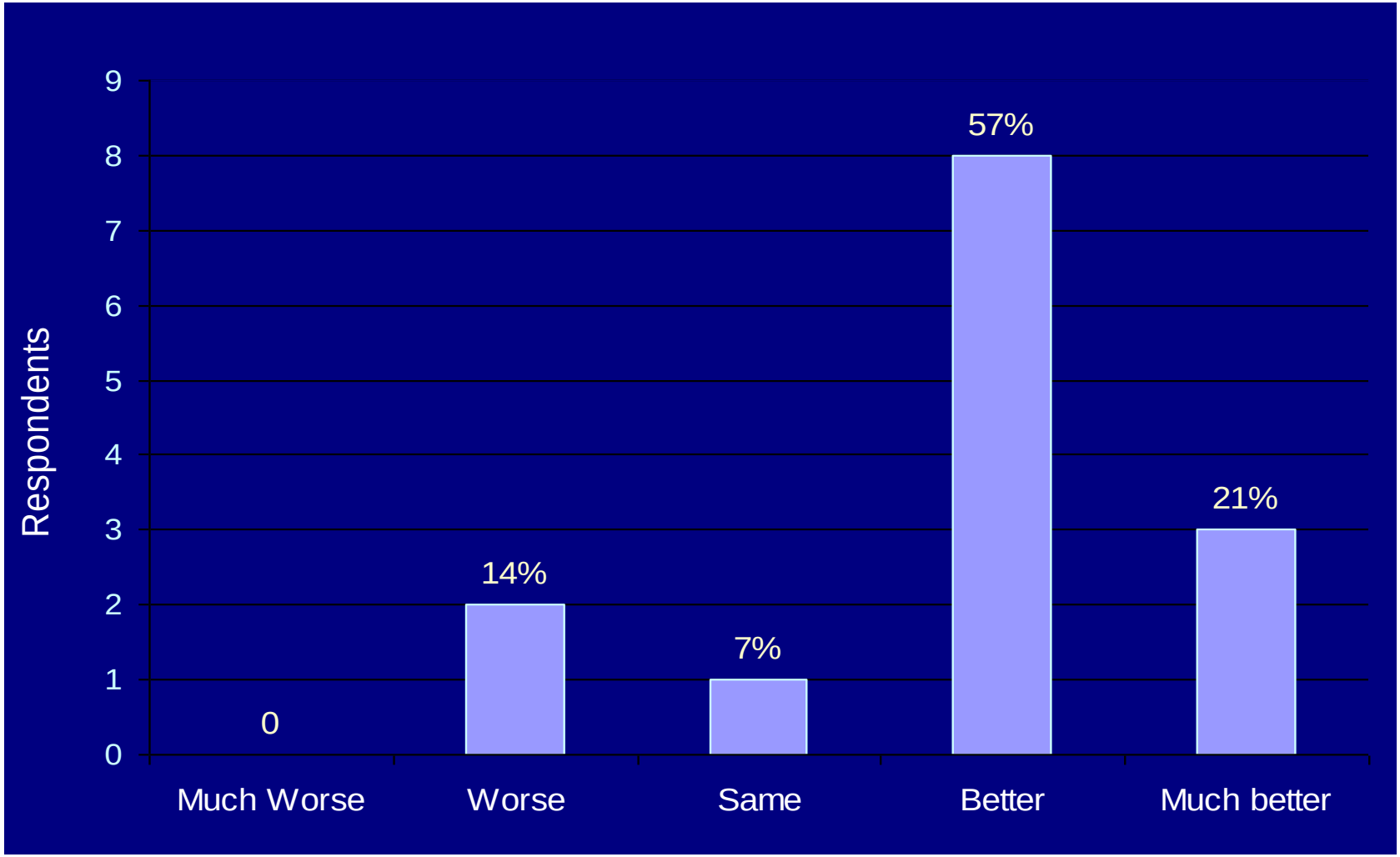
n = 11, mean improvement = 56mm

(Mean before implant = 27mm. Mean after implant = 83mm)



Sandom (2005) Neuromodulation for Angina: Quality of Life Survey; Thesis University of Otago

Control of angina after SCS



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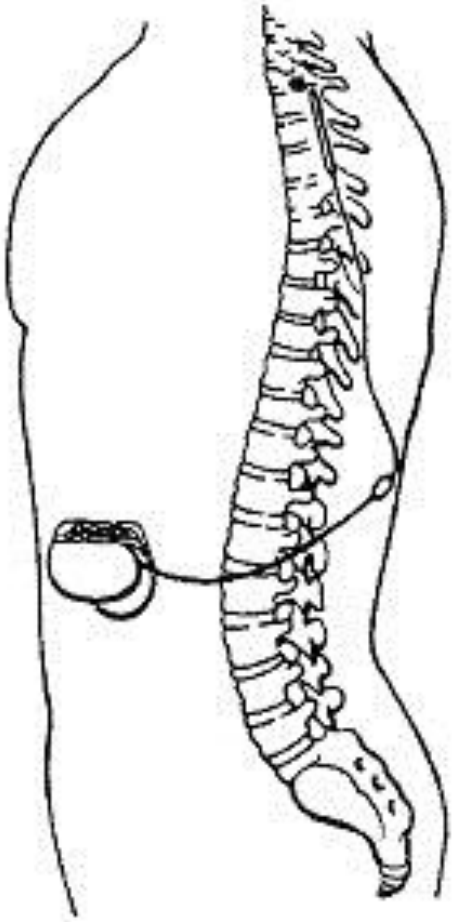
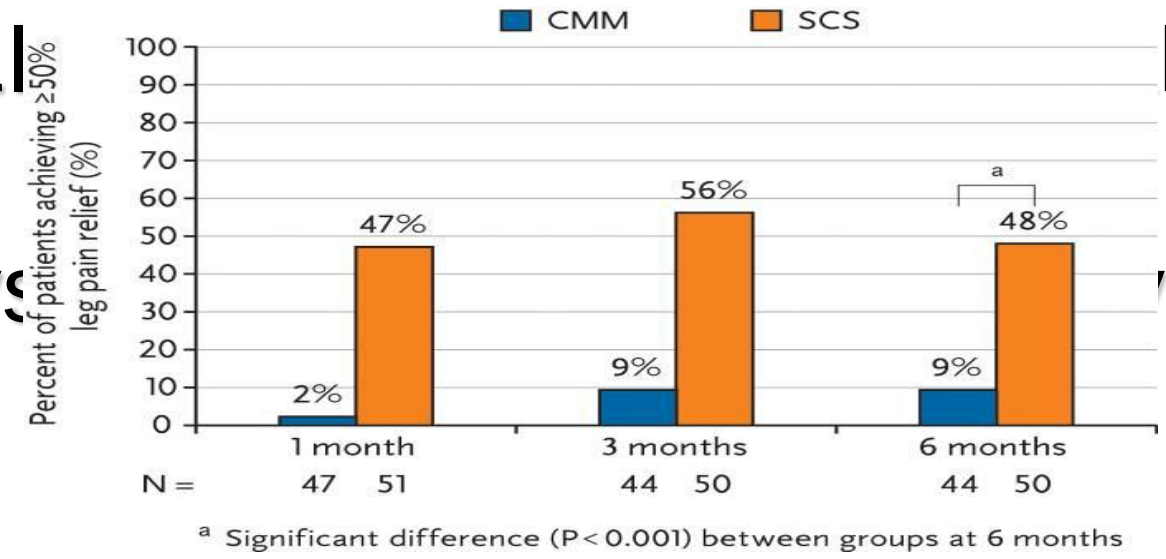
Spinal Cord Stimulation



- Angina
- Failed Back Surgery Syndrome
- Phantom pain
- Stump pain
- Brachial plexus injury
- Complex Regional Pain Syndrome (CRPS)
- Visceral pain

PRIMARY OUTCOME AT 6 MONTHS: ≥ 50% LEG PAIN RELI E SCS (48% vs outcome

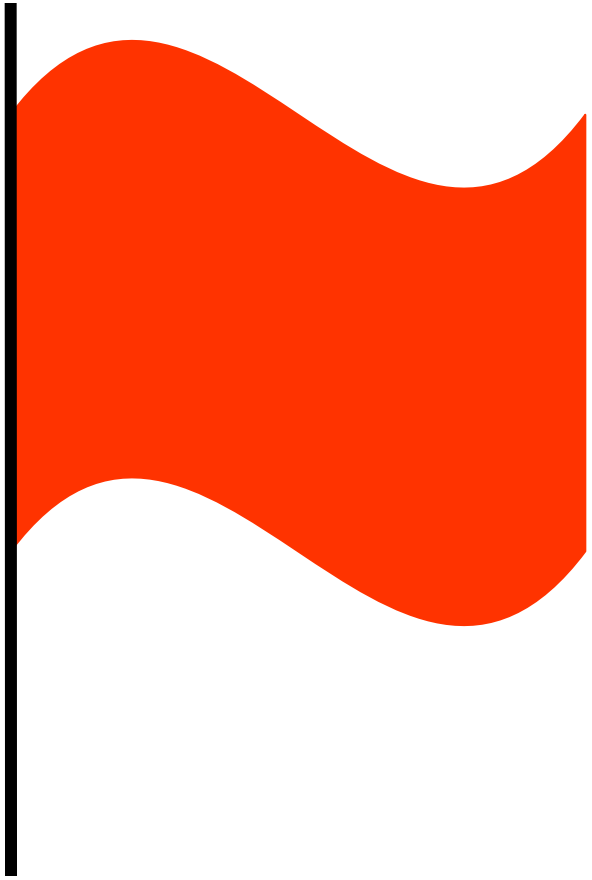


IMPLANTED INTRATHECAL PUMPS

Assessing Back Pain

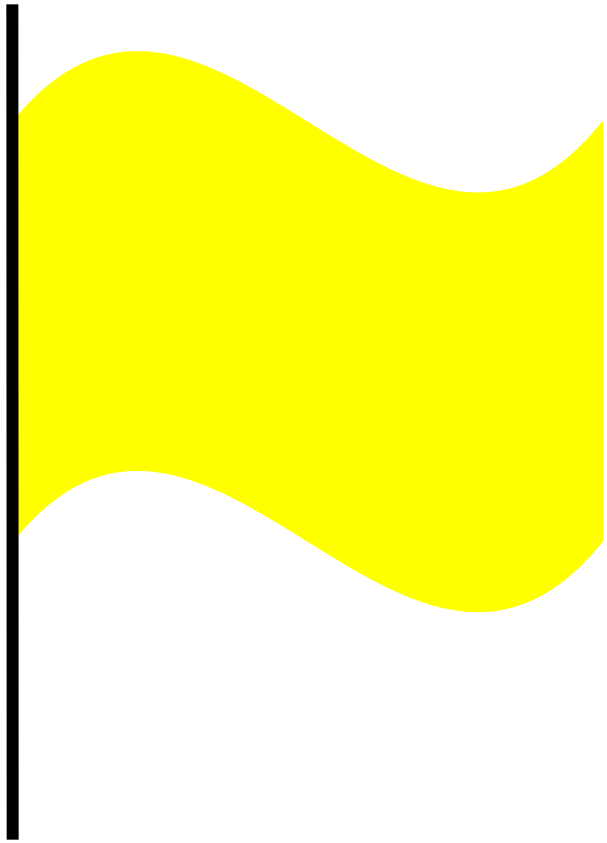
- What is the context?
- Is it ‘mechanical’?
- Are there neurological features?
- Are there other features?
- Are investigations required?
- What do you say to the patient?

Red Flags



- Most clues for ‘red flag’ conditions are found in the patient history
- Pre-test probabilities for major red flag conditions have been suggested:
  - Cancer <0.7%
  - Infection <0.01%
  - Ankylosing spondylitis <0.3%

Yellow Flags



- Psychosocial variables associated with poor prognosis in terms of pain and related disability
- Early identification and management is required

Other Factors to Consider

- Are there other contributors?
  - Psychosocial factors
  - Pain beliefs (fear-avoidance)
  - Patient expectations
- Are investigations required?
  - X-rays
  - CT/MRI scans
  - Surgical consultation

HOPE

- “My hopes are not always realised, but I always hope”. Ovid

- “ I’ve come close to killing myself, several times.
- I’ve clutched a fistful of lollies behind my white knuckles- the orange nortriptyline, green temazepam, imovane, neurontin, voltaren and a few others for good measure- then flushed them down the toilet. I can’t sleep, I can’t concentrate, and I’m not a very nice person to be around.
- That’s when my pain is at its worse.
- I’m a T11 complete paraplegic after a road accident 15 years ago.
- I believe my life would be pretty good except for the pain”