

MGH Pain Clinic offers innovative treatments

CAN'T WALK. CAN'T SLEEP. CAN'T WORK. These are some of the effects of pain. Pain is one of the primary reasons that people seek health care. The causes of pain are many. Fortunately, there are also more and more treatments available, especially for outpatient chronic non-cancer pain, which is the subject of this article.

Steven Barna, MD, medical director of the MGH Pain Clinic, wants physicians and patients to be aware of the cutting-edge procedures that he and Milan Stojanovic, MD, director of the Interventional Pain Program, are doing to relieve chronic pain and improve function for patients who have failed other therapies for leg, arm, back and neck pain.

"The solution to pain relief for non-cancer patients is not always narcotics," says Barna. "No study clearly shows that narcotics are the long-term answer for chronic non-cancer pain. People can have back pain for 40 years. In fact, addiction to pain medicine is a growing reason for lawsuits against physicians. Surgery may not always be the solution either. The patients we see may already have had surgery, which was not completely successful. We have had phenomenal results with some innovative procedures that offer minimally invasive alternatives to surgery or narcotic medications."

Barna describes three of these procedures including the spinal cord stimulator that helped comedian Jerry Lewis, who suffered from chronic pain for more than 30 years (see article at www.tamethepain.com).

Spinal cord stimulator

A spinal cord stimulator (SCS) implant can be used to relieve chronic low back, sciatic pain in the legs, neck pain, and arm pain. It uses electrical impulses to prevent pain signals from being perceived by the brain. To determine if the SCS will be successful,

patients first undergo a temporary trial implantation under a local anesthetic. Insulated wire leads are inserted near the spinal cord by a needle or through a small incision, which is connected to a temporary stimulator. If the pain decreases significantly during the trial period, then the patient is a good candidate for a permanent implant.

During the permanent procedure, patients are usually under local anesthesia with sedation. The receiver is implanted under the skin in the buttocks or abdomen. The leads are then connected to the receiver.

Intradiscal Electrothermal Therapy

Intradiscal Electrothermal Therapy (IDET) is a minimally invasive procedure performed (usually on an outpatient basis) to reduce low back pain caused by degenerated discs. The patient is awake during the hour-long procedure that uses local anesthesia and a mild sedative to reduce discomfort. This procedure is a potential alternative to fusion surgery, and often can be considered prior to surgery.

Partial Percutaneous Discectomy

This minimally-invasive procedure uses a small needle and an advanced probe device to reduce a herniated disc, quickly relieving pain in most patients. It is performed on an outpatient basis using a local anesthetic. This procedure is ideal for low back pain with radiation into one or both legs, and may also be considered prior to major surgery.

"No matter what we do at the Pain Center, we use a multidisciplinary approach that involves developing a coordinated care plan that treats the whole person," says Barna. "We hope to increase awareness of our services and our ability to make a huge difference in patients' lives."

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Steven Barna, MD, and Milan Stojanovic, MD, are currently accepting new patients at the MGH Pain Clinic located in the Wang Building, 3rd floor. Appointments can be scheduled by calling at 617-726-8810.

Case study example - Simon B.

Simon B., a 42-year old construction worker married with two children, suffered from chronic low back pain radiating down his left leg. His pain started while lifting heavy objects at work about three years ago. At that time, he was diagnosed with ruptured discs in his lower back. Despite three surgeries, the back pain did not improve. He was unable to return to work. Simon tried numerous drug treatments with no improvement. Several courses of physical therapy also offered no significant improvement. After his orthopedic surgeon told him that additional surgery would not help, he was referred to the MGH Pain Clinic.

Simon described a constant, burning and sometimes lancinating pain that reached intolerable levels at times. He also experienced

intermittent numbness and tingling in his big toe and the outside of his foot. As a result, his physical activity was severely limited. He was unable to walk far or lift heavy objects. He had difficulty sleeping and felt dispirited and frustrated. He was worried about supporting his family in the future. His wife and children were fed up with having him around the house. Physical examination and magnetic imaging showed that he had scarring around a major nerve root.

After trying a series of steroid injections into his back that gave him only temporary relief, the pain clinic tried a spinal cord stimulator. This treatment gave him significant pain relief and later was changed to a permanent stimulator. After the stimulator was placed, Simon experienced about a 60 percent reduction in pain.

Consequently, he was able to reduce his pain medicines. Simon became less depressed, less worried and started to enjoy life again. His physical capacity markedly improved. Within two months of the stimulator placement, Simon was able to return to work.