

Update on Interventional Pain Management

Session 105

Canadian Pain Society Conference 2008

Victoria, BC

Update on Interventional Pain Management

Chair: Nelson Svorkdal BSP, MD, FRCPC, Assistant Professor, UBC, Department of Anaesthesia, VIHA Pain Program, Royal Jubilee Hospital, Victoria, British Columbia

2:00 pm - 3:30 pm

SESSION 105

UPDATE ON INTERVENTIONAL PAIN MANAGEMENT

CHAIR: TBA

Motor Cortex Stimulation: Indications, Technique and Outcome

Chris Honey, MD, DPhil, FRCS, Associate Professor of Neurosurgery, University of British Columbia, Vancouver, British Columbia

Perioperative Intravenous Lidocaine Infusion

Stephan K. W. Schwarz, MD, Dr. med, PhD, FRCPC, Assistant Professor, Department of Anesthesiology, Pharmacology & Therapeutics, The University of British Columbia; Director of Research, Department of Anesthesia, St. Paul's Hospital, Vancouver, British Columbia

Spinal Cord Stimulation Application for Angina and PVD

TBA

Interventional Procedures in Palliative Care

Evan Effa, MD, FRCPC, Department of Anesthesia, University of Victoria, University of British Columbia; Vancouver Island Health Authority, Victoria, British Columbia

Disc Arthroplasty for Discogenic Pain

Mark Matishak, MD, FRCSC, Chief of Surgery, Royal Columbian Hospital, New Westminster, British Columbia

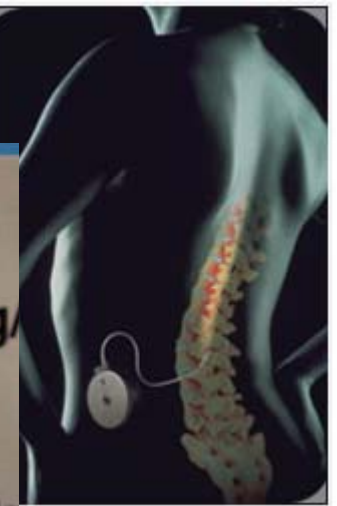
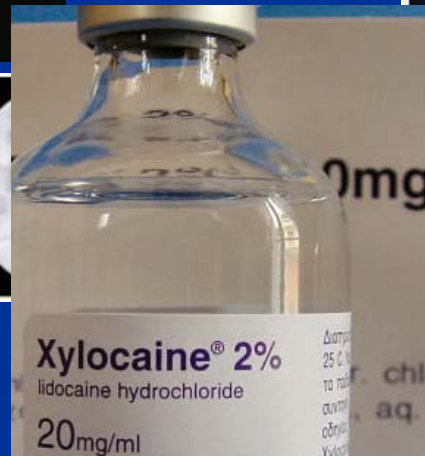
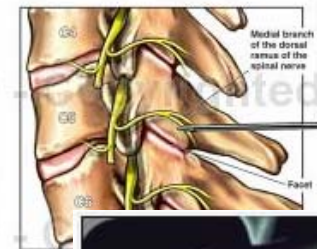
Radiofrequency: Current and Emerging Application in Pain Management

Steven Helper, MD, FRCPC, Interventional Spine, False Creek Surgical Centre, Vancouver, British Columbia

Interventional Pain Management

Then

Now



Update on Interventional Pain Management

■ Purpose

- Identify pain generators – provocation/elimination
 - Ie. Discogenic / facet/ root etc
- Modify nociceptive output and interpretation
 - Ie. Sympathetic blockade/ spinal cord stimulation parasthesia
- Modify response/reflex (ie. Spasm)

■ Techniques

- Injection
- Infusion
- Electrical
- Neuromodulating/Ablative
- Surgical

■ Landmarks and Imaging

- Surface and bony (ie. Epidural)
- Fluoroscopy bony landmarks
- Ultrasound
- Electric assisted mapping

Standardization towards Evidence-Based

Pain Physician 2007; 10:7-111 • ISSN 1533-3159

Guidelines

Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain

Mark V. Boswell, MD, PhD, Andrea M. Trescot, MD, Sukdeb Datta, MD, David M. Schultz, MD, Hans C. Hansen, MD, Salahadin Abdi, MD, PhD, Nalini Sehgal, MD, Rinoo V. Shah, MD, Vijay Singh, MD, Ramsin M. Benyamin, MD, Vikram B. Patel, MD, Ricardo M. Buenaventura, MD, James D. Colson, MD, Harold J. Cordner, MD, Richard S. Epter, MD, Joseph F. Jasper, MD, Elmer E. Dunbar, MD, Sairam L. Atluri, MD, Richard C. Bowman, MD, PhD, Timothy R. Deer, MD, John R. Swicegood, MD, Peter S. Staats, MD, Howard S. Smith, MD, PhD, Allen W. Burton, MD, David S. Kloth, MD, James Giordano, PhD, and Laxmalah Manchikanti, MD

Update on Interventional Pain Management

- Representative Bodies of Interventional Pain Management / Journals / Training
 - American Board of Interventional Pain Physicians / American Society of Interventional Pain Physicians
 - World Institute of Pain
 - International Spine Injection Society (ISIS)
 - International Neuromodulation Society (INS)
 - Algologists, anaesthesiologists, neurosurgeons, neurologists, orthopedic surgeons, palliative care clinicians, physical rehab specialists, sports medicine practitioners.....



ABIPP

AMERICAN BOARD OF INTERVENTIONAL PAIN PHYSICIANS

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“Algogenic Neuropoiesis”

- Transformation of neuronal morphology and function as the result of nociception*
- “Poiesis” = organized creation, growth
- A highly organized process (Ca⁺⁺, second messengers, oxidative stress, novel gene expression, growth factors, apoptosis)

A Thought

- Interventional approaches often are reserved for patients with well-established problems, failure of other Rx, and pronounced disability
- Do we miss an opportunity for early, cost-effective preventive treatment by reserving interventions for those least likely to benefit?
- Established neuropoiesis, entrenched pain behavior, proven self-advocacy in disabled role may explain data on low likelihood of return to work
- “Youth is a wonderful thing; what a crime to waste it on children” (George Bernard Shaw)

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