

When the pain won't quit:

Intervention an alternative to surgery

In the constantly changing world of treatments for chronic pain, Dr. Dwayne Jones, an interventional pain management specialist at Lee's Summit Hospital and North Kansas City Hospital Pain Center, sees himself in an intermediary role, somewhere between family physicians, chiropractors and surgeons. Pain is the most common chronic pain condition in the United States, he said, but patients also come to him with neck pain, shoulder pain and other joint pains. In each case that pain is in danger of taking over their lives, he said. Jones advocates interventional pain management that begins with a careful, detailed examination of the patient to get to the root of the problem, he said.

His exams are often followed by noninvasive procedures — such as nerve blocks or steroid injections — to immediately, although often temporarily, reduce or eliminate the pain. Once the pain is abated and the patient is better able to get up and move around, he helps them begin therapies to refocus their lives, reduce the chronic pain and get back to normal. Further treatment can range from a specialized therapeutic exercise program to implantation of a spinal cord stimulator for more complex spinal conditions.

Jones, who is certified by the World Institute of Pain, the American Board of Anesthesiology and the American Board of Pain Medicine, is a fellowship-trained certified anesthesiologist. "Pain management is relatively new as an organized medical specialty, having been designated as a subspecialty by the American Board of Anesthesiology in 1993," he said. "Anesthesiologists were there to manage patients through acute pain during and following surgery, which naturally led to the need for development of expertise in the treatment of chronic pain conditions. This is the reason that the majority of interventional pain management specialists are anesthesiologists."

One of the biggest challenges Jones faces, he said, is helping those who suffer from chronic pain but have fallen through the cracks in the medical treatment process. "Today I evaluated a patient who has undergone eight back surgeries with no sustained improvement in either his pain or ability to function," he said. "I would like to think that with earlier intervention from a pain management specialist this situation could have been avoided, but unfortunately I see similar situations quite often in my practice."

Jones said part of the problem is that many people live with chronic pain for a long time before they go to their family doctor. "Many

primary care providers are just not aware of the various treatment options available to their patients in a comprehensive pain management center, which can be a problem for the patient in chronic pain. There is much more to what we do than just epidural blocks," he said. "A patient with chronic back pain will typically be treated with mild pain medications and may progress to either physical or chiropractic therapy and even surgery based on results of an MRI without ever having seen a pain management specialist. I contend that when chronic pain is the presenting complaint, then the pain management specialist needs to be one of the first physicians involved in the treatment, but more often than not we are the last, expected to solve the problem when all else has failed. We still try to do that, but it is simply not the best way to use our expertise."

He compared the common approach to those suffering from chronic pain to the way someone complaining of chest pain is treated. "The patient who presents to his family doctor with chronic, persistent chest pain is usually sent to the cardiologist for extensive examinations and invasive tests. It is the standard of care," he said. "The patient with chronic pain needs and should demand this same type of attention. Chronic pain is a serious, pervasive medical condition that far too often goes untreated. Physicians must recognize this fact and see to it that patients suffering from chronic pain be referred to pain management specialists who are trained to treat these conditions."

Jones said it's challenging but important to convince patients that treatment of most chronic back pain, for example, does not require surgery. "We perform more back surgeries than any other country in the world," he said. "But the number of patients with chronic back pain conditions is not decreasing. I believe it is the approach to the patient with chronic back pain that must change. It's logical that if the patient with chronic back pain is sent to a surgeon, the focus and treatment will be on the surgical alternative. If the patient is referred to a chiropractor, the focus will be on spinal manipulation. While either approach may be appropriate depending on the case, the pain management specialist is uniquely qualified to approach the management of the pain, and chronic pain always has multiple etiologies and therefore cannot be managed with a singular approach. This is why the medical system often fails the patient in chronic pain. They need a multidisciplinary team approach to their care — which is what should happen in the pain

management center. It cannot just involve multiple nerve blocks."

He said patients need to expect to spend some time during their visits to his office.

"Taking an adequate history of the patient with chronic pain takes time to hear — more than just five or 10 minutes," he said. "The first thing I do in my physical evaluation of the patient is to observe how a patient walks across the room. I will ask a patient to try to touch his toes, bend and rise from a squatting position. If a patient can do these things, I can already predict without an MRI that this patient does not need an elective surgical procedure on any urgent basis. I do not have a problem telling patients with acute, painful conditions to seek surgical consultation and I often will send patients to spine surgeons, but with most patients in chronic pain, what is more important is properly educating them about all the available options, because often there will never be a permanent fix using any procedure — particularly the ones we do in the pain management center. Therein the focus is on management of the condition."

Jones said he sees people of all ages and lifestyles at the Pain Management Center. He feels fortunate when he sees them early in the cycle of chronic pain, he said, because it's easier to address the problem, correct the causes and help them refocus. "Often when we have the benefit of evaluating the patient early in the cycle of chronic pain is when we can make the most difference," he said. "It is especially disconcerting to see young patients who have had numerous procedures, surgical and otherwise, who are looking for a quick fix for a chronic pain condition, because in many cases, with early intervention, these situations should and can be avoided. I like to think it is never too early to have an evaluation by a certified and qualified pain management specialist, just to ensure that you have answers to all available options before your situation becomes chronic and unremitting."

Jones stressed the difference between curing patients and reducing their pain to a manageable level. "In most cases when pain is chronic we cannot make it completely go away. However, surgery often won't make it go away, nor will multiple chiropractic adjustments or strong narcotic pain medications. Patients in chronic pain need help managing it, and this requires early evaluations and interventions. All noninvasive and minimally invasive procedures must be exhausted first to achieve the best outcome, and that is what should and can be done in pain management centers.