

MidSouth Pain Treatment Center



live free

PAIN FREE

Many patients are referred by doctors, but a doctor referral is **NOT** necessary. We can provide assistance filing insurance claims.

NOW WITH THREE CONVENIENT LOCATIONS!



122 Airways Place
Southaven, MS 38671
Phone: (662) 349-9990
Fax: (662) 349-2620



1365 W. Brierbrook Rd
Germantown, TN 38138
Phone: (901) 751-4112
Fax: (901) 751-5391



Located inside of West Tennessee Neurology
1150 U.S. Hwy. 51 Bypass,
Dyersburg, TN 38024
Phone: (731) 288-0428
Fax: (731) 288-0427

WE OFFER THE MOST INNOVATIVE TREATMENTS FOR A FULL RANGE OF DISORDERS INCLUDING:

- chronic back pain
- disk pain, facet, and nerve root pain
- cervical neck pain, "whiplash"
- arm and leg pain
- chronic headache and migraine pain
- shingles and post shingles pain
- cancer-related pain
- many other painful conditions resulting from disease and injury



STATE-OF-THE-ART TECHNIQUES OFFERED BY MIDSOUTH PAIN TREATMENT CENTER INCLUDE:

- selective nerve root epidural injections: cervical, lumbar, thoracic
- peripheral nerve blocks
- radiofrequency: pulsed electromagnetic field and thermocoagulation procedures
- percutaneous disc decompression
- neuroplasty procedures
- spinal cord stimulation and intraspinal infusion pumps
- spinal diagnostic procedures

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Diabetic Peripheral Neuropathy

Advances in Pain Reduction

Diabetic peripheral neuropathy (DPN), or nerve damage caused by diabetes, is the most common neuropathy in the world. Thirty to 90 percent of all American diabetics have DPN, which is the result of excessively high glucose levels on nerves as well as reduced blood supply to nerves.

Signs and Symptoms

DPN symptoms include pain and paresthesias (abnormal sensations) with burning, tingling, aching or shooting qualities. Advanced DPN is characterized by numbness, weakness, reduced proprioception (is the sense of the orientation of one's limbs in space) and non-healing sores.

Risk Factors

Poor glucose control, long duration of disease, smoking, obesity and hypertension can all contribute to DPN. Diabetic patients may reduce the risk of developing DPN by maintaining vigilant control over glucose levels, meticulous attention to diet and exercise, smoking cessation weight control and careful compliance with management of blood pressure.

Diagnosis

A diagnosis of DPN is based upon physical findings, glucose studies and specialized nerve conduction studies. Common physical findings include impaired sensation, allodynia (painful response to non-painful stimuli), diminished reflexes, loss of muscle mass, skin breakdown and weakness. A panel of blood tests evaluate a patient's fasting glucose level, ability to handle a glucose load and average glucose level over the preceding 90 days. Many times undiagnosed diabetics can pass fasting glucose tests but are usually identified with the more sophisticated glucose tolerance and glycosylated hemoglobin A1c tests included in the panel. If the diagnosis of DPN is in question, then a specialized nerve conduction study may provide necessary validation and help guide appropriate care. All patients with significant sensory loss and reduced blood flow should be referred to a foot care specialist.

First-Line Treatments

Initial treatments are aimed directly at blood sugar control. This may be accomplished through a variety of anti-diabetic drugs, insulin, diet and exercise. A health care provider will work with you to establish the best regime. A referral to an endocrinologist may be necessary for those difficult to control diabetic patients.

Second-Line Treatments

This method uses medications to reduce pain. Cymbalta® and Lyrica® are both relatively new drug therapies recently approved by the Food and Drug Administration for the treatment of painful DPN. Other drugs

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utilized include Neurontin®, tricyclic antidepressants, capsaicin cream and opioids. Non-steroidal anti-inflammatory drugs (NSAIDs) are not effective and should not be used due to risk of reduced kidney function and gastrointestinal bleeding. Other health problems also limit patients' candidacies for high-risk medications. Specifically, patients with impaired liver and/or kidney function may not be good candidates for Cymbalta®, Lyrica® or Neurontin®. Tricyclic antidepressants raise risk for fatal abnormal heart rhythm. Opioids can cause dependence, tolerance and addiction. Your provider will select the safest medication for you.

Many patients with chronic DPN pain are well-versed in the stated treatment approaches. Advances through interventional pain therapies may be workable for those patients who have tried and failed the usual therapies. Treatment failures require a pain management provider capable of performing highly specialized interventional procedures. Interventional nerve blocks go directly to the nerve structure responsible for sending the painful message to the brain. Interventional nerve blocks have none of the medication-associated risks such as drug interactions, adverse side effects, liver/kidney/ heart failure or birth defects. This does not even include the cost of buying and monitoring these high-risk medications over the course of a lifetime.

Third-Line Treatments

These treatments are aimed at the affected nerve structure. Interventional nerve blocks serve two purposes: 1.) they aid in correct diagnosis, and/or 2.) they provide immediate pain reduction with correct identification of the affected nerve/s. Nerve blocks are not curative, but permit relatively long-term reductions in pain and reductions in associated high-risk medications. Nerve blocks utilized in the management of DPN pain include stellate ganglion blocks for upper extremity pain and lumbar sympathetic blocks for lower extremity neuro-

pathic pain. Radiofrequency denervation procedures offer long-term pain reduction from six months to two years depending upon good needle placement and diameter of the nerve. Spinal cord stimulation is yet another highly sophisticated, specialized technology with proven effectiveness in pain reduction and improved tissue oxygenation for difficult cases. Your pain specialist will help select which advanced approach is best for you.

DPN pain, especially unresponsive to first and second-line therapies, markedly reduces quality of life. In the hands of an experienced, board-certified pain management specialist, interventional nerve block procedures offer advanced therapies for reduction of chronic daily pain and suffering while minimizing the expensive, long-term use of medications. All interventional procedures should be done in an accredited facility capable of providing pre- and post-procedure monitoring by licensed, credentialed staff rather than in an office-based setting. This minimizes risks to the patient. Local anesthesia, inhaled anesthetics, and intravenous conscious sedation are available to meet individual needs. All interventional procedures are done on outpatient basis.

Kathlene Hodges, M.S.N., R.N., C.S., C.F.N.P., graduated from Delta State University with a clinical specialty in family practice. She has over 30 years experience in health care with the last 12 in advanced practice. Ms. Hodges is a member of the Society for Pain Practice Management and a charter member of the International Honor Society for Nursing. She serves as a speaker and pain consultant for the pharmaceutical industry.

