An Interventional, Multidisciplinary Approach to Chronic Pain Management: a Holistic Overview

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Presentation Objectives

- Evaluate interventional and multidisciplinary treatments for chronic pain
- Apply customized complementary treatments available for chronic pain
- Define a holistic approach to chronic pain management
- Identify ways to promote patients to become an active part of their care

The Legacy

In 1915, Abigail Geisinger inspired her first surgeon-in-chief, Harold L. Foss, to use his Mayo Clinic training to create a hospital grounded in the concepts of group practice and an interdisciplinary team approach to patient care.

"Build me a hospital and make it the best!"
Today: A Leader in Healthcare

- Ninety-six years later, the hospital that Mrs. Geisinger built from the ground up has evolved into a fully integrated health services organization that is dedicated to patient care, education, research, and service.
- Geisinger serves more than 2.6 million residents in 42 counties and employs over 13,000 people system-wide.

Interventional Pain Center

Acute versus Chronic Pain

- Differences
  a) Acute pain – Lasts less than 3 months - injury related or self limiting – results from disease, inflammation or injury (examples – kidney stone, stitches, abscess, surgery, childbirth, etc.)
  b) Chronic pain – Last longer than 3 months – can go off and on for years
      - DDD, spinal stenosis, failed back, arthritis, migraines, cancer pain, neuropathy, arachnoiditis, myofascial pain, phantom limb pain, complex regional pain syndrome (CRPS), post herpetic neuralgia, central pain syndrome (from traumatic brain or spinal injury), psychogenic pain (not due to past disease or injury, negative studies)
Evaluation and Plan of Care

- Complete history and physical
- Review imaging studies
- Previous treatment
- Medication/surgical history
- Oswestry scale
- Depression score
- Psychological/social issues

Options

- Interventional procedures
  - Epidural Steroid
  - I-flow
  - Stellate ganglion block
  - Sympathetic block
  - Facet block
  - Radiofrequency
  - Neurolytic Block
  - TPI’s, etc.
- Referral
Multidisciplinary Approaches

- Monthly Multidisciplinary Meetings
  - Complex pain patients presented
  - Case History/Surgeries/Medications
  - Physical Therapy, Neurosurgery, Orthopedic/Spine Surgery, Social Services, Pain Psychologist, Interventional Pain Staff have input
  - Plan of Action

Monthly Meeting

- Consider all facets of patient’s needs and available resources
- Achieve optimal functional restoration & improve quality of life
- Provide the best, most cost effective plan of care
- Consider the "whole" person

Complementary Approaches

- Physical Therapy
- Aqua Therapy
- Acupuncture
- Yoga
- Deep Tissue Massage
- Support Groups for Healthy Lifestyle
- TENS Unit
- Intrathecal Pump
- Spinal Cord Stimulator
- Chronic Pain Support Group
- Medication Management
Follow-Up

- Post-Procedure Questionnaire
- Phone Call
- Re-evaluation
- Options
- Referral

Research Project

- Evaluation
- Candidate Screening
- Education
- Surgery versus Spinal Cord Stimulator

Our Patient Advisory Board
Advisory Board Newsletter

Patients As Volunteers

- Patients can relate one on one
- Share experiences: Patients are not alone in dealing with pain
- "Listening ear"
- Family involvement
- Guest speakers - Physicians, Spiritual leaders, etc.

Holistic Approach - Seeing the individual
Promoting Patients as an Active Part of Their Care

- Family involvement
- Healthy Lifestyle
- Chronic Pain Support Group
- Smoking Cessation

Community Pain Management Fair

Outreach Programs

- Medical Education for Healthcare Providers
- Community Pain Management Fair
- Professional Development Day
- Community Education
Continuing Medical Education - Patient Speaker

Conclusion

We must encourage patients to have an active part in their pain control. Prevention is key to good health.