

TREATING PATIENTS SUFFERING FROM CHRONIC PAIN: COLLABORATION BETWEEN THE ORTHOPEDIC SURGEON & THE PAIN MANAGEMENT PHYSICIAN

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For patients, chronic, intractable pain is difficult to live with. And for physicians who don't specialize in pain management, it is often also a challenge to treat. As an orthopedic surgeon, I am trained to treat temporary post-surgical pain, but for the handful of patients who experience disabling pain without any correctable physical cause, a pain management physician (PMP) is often the quickest route to the best relief available. For patients that I may see again, a pain management specialist that effectively addresses their issue often solidifies trust in the physician-patient relationship.

I send, on average, 10 patients per month from my practice to a pain physician. Some of them have persistent post-surgery pain even when they have no surgical complications I can address. For post-surgical patients, I recommend all modalities of physical therapy (PT) before sending them to a pain management specialist; rarely do I use injections. For non-surgical patients, I try both PT and injections, but will send those who fail to complete their PT sessions or otherwise don't find relief from these measures to a pain specialist.



ADDRESSING UNEXPLAINED PAIN

Patients can become cynical if they see five doctors and not one of them are able to help relieve their pain. And doctors can become cynical, too, if they encounter patients who have been to multiple doctors without finding relief from their chronic pain.

When patients complain of chronic pain, my first step is to evaluate them thoroughly for any correctable cause, such as a pinched nerve. If I can't help, my priority is to get my patients to a pain physician who can best treat them. A pain physician has specialized training and experience in evaluating, treating and preventing chronic pain, particularly pain that can be complicated to diagnose and address.



Multiple parties, including pharmacies, insurance companies, and the Drug Enforcement Agency, are vigorously following up on patients who appear to be overusing prescription opioids. Pain physicians are set up to routinely monitor patients who have opioid prescriptions and also can offer patients non-opioid treatments where appropriate.

PROTECTING PATIENTS FROM OPIOID ABUSE

Both the Centers for Disease Control and Prevention and state medical boards have issued new pain management guidelines meant to reduce the danger of addiction to opioids, and this change has prompted me to send patients to a pain physician earlier than I used to. In the past, I would wait until patients were two or three months out from surgery and still requiring narcotic pain relief, as long as they didn't have a complication from surgery. Under the new guidelines, I will send patients to a PMP at 30 days if they still need opioids.

Patients with chronic pain are a growing population, and it can be incredibly time consuming to determine whether they are truly in need of pain medication or are seeking it for secondary reasons. My staff and I need to devote our time to patients whose problems we know we can effectively address. I want patients with chronic pain to have that same experience, with someone who can ease their pain and improve their quality of life—and that may be a pain physician.

Brion A. Gardner, MD, has a consulting/speaking/financial relationship with Avanos Medical, Inc.



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