Summary Chronic Pain Management and Tips

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NB:

-trial an error approach to patient management as can much variation in results and overlap between symptoms (ie referred pain)

-simple graded approach to analgesics in conjunction with multimodal treatments

**Back and Neck pain:**

-Imaging can be difficult to interpret as aging population will have degenerative changes which may not be true cause of pain (30% ppl no pain with herniated discs visible on imaging)

-Clinical findings and history more helpful in guiding meaningful interventions

-neck pain tends to present later in life

-Main pathology: annular tears and spinal stenosis causing radiculopathy

**Intervention**: Epidural steroid injections (ESI)

NB will need to hold antiplatelet agents and anticoagulants prior

**Shoulder Pain: “50s disease”**

-importance on gentle ROM

**Intervention**: -subacromial bursa injection

* Intra-articular glenohumeral joint space injection
* Trigger point injections

**Hip and Knee Pain:**

**Intervention:** intraarticular hip or knee injections

 -either with corticosteroids or visco-supplemental (hyaluronic acid $$)

**Headache:**

-occipital neuralgia (radiation behind eyes)

**Interventions**: occipital nerve block

 botox ($$) for chronic migraine prophylaxis

**Myofascial pain:**

**Intervention**: trigger point injections (can try in ED with lignocaine and short small needle)

**Chronic pain conditions** (fibromyalgia, chronic pelvic pain, chronic cystitis ect.)

* Consider medical cannabis