

PAIN MANAGEMENT

Volume 1, Issue 3

June 29, 2004

**Firstchoice Healthcare PC
Pain Physicians**

Lisa Mancuso, M.D.
Anesthesiologist

Hugh S Thompson, M.D.
Anesthesiologist

Andrew B Berlowe, M.D.
Physical Medicine & Rehabilitation

BACK PAIN?

Back pain is as much a part of the human condition as the common cold. In fact, eight out of ten adults will experience an acute episode of back pain at some point in their lifetime. Back pain is the second most common cause of missed workdays due to illness and the most common cause of disability.

While most episodes of back pain are self-limited, 5% to 10% of cases will become chronic. These chronic conditions account for 90% of the healthcare expenditures for back pain

MEET DR HUGH THOMPSON

Dr. Hugh Thompson is a Darlington native. He earned a BS degree in Pharmacy before completing his medical degree from the University of South Carolina in Charleston. Dr Thompson

Back pain can be almost as frustrating for a physician to treat as it is for the patient who suffers from it. The key to appropriate treatment is to identify the generator of the pain. There are five common generators of low back pain: discogenic, neuropathic, arthropathic, musculoskeletal, and psychogenic. One or a combination of these generators may be the source of back pain. Identification of back pain is often possible only by correlating a combina-

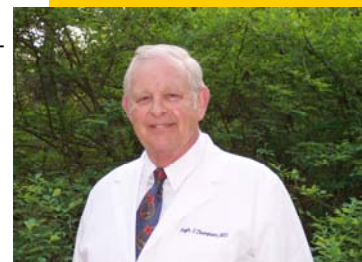
tion of history and physical examination, diagnostic images, labs, electrodiagnostic studies, and diagnostic injection blocks such a facet and nerve blocks. Once the generator is identified the appropriate treatment can be prescribed. A common example of the difficulty in back pain diagnosis is a patient whose x-ray and MRIs show no apparent explanation for their symptoms, many patients with back

did his residency in Anesthesiology at Duke Medical Center. He has been practicing anesthesia and pain management in Florence since 1977. He joined the pain department of Firstchoice Healthcare in

1998. He currently limits his practice to musculoskeletal medicine and pain management with an emphasis on interventional procedures.

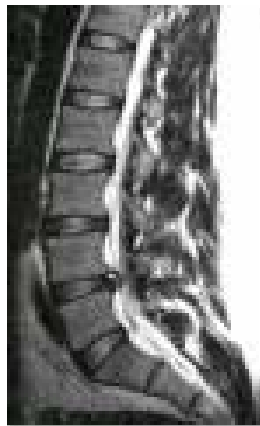
Offering:

- Quick Appointment times for: Pain Consultations
- Epidural Steroid Injections
- Facet Injections
- Discograms
- Nerve Blocks
- Sacroiliac Injections
- Sympathetic Blocks
- Radiofrequency Neural Ablation
- In office procedure room with fluoroscope/ radiofrequency pulse generator.
- Onsite x-ray and lab
- Nerve conduction/EMG
- DEXA Bone Density



BACK PAIN CONTINUED

pain may have normal or near normal MRIs. For example, torn discs do not consistently show as abnormalities on MRIs (only 12-15% of annular tears show up on MRI). Patients with low back pain without impressive MRI findings are the most challenging to diagnose and treat. For those patients without neurological compromise (such as new bowel or



L4 Disc Herniation Demonstrated on Lumbar MRI

bladder incontinence), there are a multitude of nonsurgical options available to identify and manage chronic back pain. This comprehensive approach addresses the diagnosis and treatment of the pain generator

and includes nerve blocks, physical therapy, chiropractic care, medications, and psychological counseling if appropriate. A referral to a multidisciplinary pain center is your most effective option to sort through these diagnoses and provide the most comprehensive and cost effective treatment available for the management of chronic back pain.

“Today, epidural steroid injections have become an integral part of non-surgical management of back pain”.

EPIDURAL STEROID INJECTION FOR ACUTE AND CHRONIC PAIN

Epidural steroid injections can be administered in the cervical, thoracic, and lumbar spines. The indication is acute or chronic pain of documented or suspected spinal pathology, such as herniated discs, bulging discs, degenerative disc disease, facet arthropathy, and spinal stenosis. Epidural steroid injections can have diagnostic as well as therapeutic value. Because the epidural space is contiguous anatomically with so many structures within the spine, an epidural steroid injection is often the initial intervention in acute or chronic back pain.

While the effects of an epidural injection tend to be temporary—providing relief from pain for one week up to one year—an epidural can be very beneficial for patients during an episode of severe back pain. Importantly, it can provide sufficient pain relief to allow the patient to progress with their rehabilitation program.

The procedure is done under fluoroscopic guidance where a needle is advanced into the epidural space and steroid is injected. There is no definitive research to dictate the frequency of epidural steroid injections. In general, it is considered reasonable to perform up to three injections per year usually at 2 week intervals.

As with all invasive medical procedures, there are potential risks, however, there are few risks associated with epidural injections and they tend to be rare.

ABOUT FIRSTCHOICE HEALTHCARE

Firstchoice Healthcare PC Is a multispecialty pain clinic that uses an interdisciplinary approach to the diagnosis and treatment of both acute and chronic pain. Our goal is to manage a patients pain through physical modalities and interventional techniques so as to lower or eliminate the need for narcotic

medications with an eye on improving the patient’s ability to function at home and in the workforce. Our office is equipped with latest advanced equipment for interventional pain techniques. Since our office has a procedure room with fluoroscope and radiofrequency pulse generator, we



Fluoroscope

are able see pain patients for procedures quicker and less expensively than in a hospital setting. If you have a patient that is in need of pain management, simply call our office to schedule the appointment.

Call today 843-678-9777.