

Chronic Pain Management

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you can support yourself while waiting to attend the hospital.

What is pain management?

Pain management covers a number of methods to prevent, reduce, or stop pain sensations. These include the use of medications; physical methods such as ice and physical therapy; and psychological methods. Managing pain properly facilitates recovery, prevents additional health complications, and improves your quality of life.

There two main types of pain:

Pain can arise from injury as well as disease and is often categorised as follows:

- Acute Pain usually resolves once the condition that caused it is resolved and is
 often as a result of one of the following:
 - Post operative pain
 - Acute pain due to trauma, pancreatitis and other conditions (e.g. acute back pain)
- **Chronic pain**; occurs when even after healing or a cure has been achieved, the brain continues to perceive pain. It usually progresses slowly but persists or recurs over time e.g. from three to six months or longer. Persistent pain leads to loss of physical, social, and emotional well-being. The types of chronic pain can result from a range of conditions including:
 - Pain associated with persistent and degenerative conditions such as cancer, neuropathy or nerve damage.
 - Constant pain that lacks an identifiable physical cause, such as prolonged low back pain



Common treatments include:

Treating the cause of pain underpins the idea of managing it. Injuries are repaired, diseases are diagnosed, and certain encounters with pain can be anticipated and prevented. There are range of treatment methods and

- Pharmacological options Pain-relieving drugs, otherwise called analgesics, include nonsteroidal anti-inflammatory drugs (NSAIDs), acetaminophen, antidepressants, anticonvulsants etc. NSAIDs and acetaminophen are available as over-the-counter and prescription medications and are frequently the initial pharmacological treatment for pain.
- Nonpharmacological options Pain treatment options that do not use drugs are
 often used in conjunction with; rather than replacements for, drug therapy. These
 include:
 - Relaxation techniques, such as yoga and meditation, are used to decrease muscle tension and reduce stress associated with pain.
 - Physical therapy, participating in normal activities and exercising can also help control pain levels. Through physical therapy, you can learn beneficial exercises for reducing stress, strengthening your muscles and staying fit.
 - Acupuncture, involves the insertion of small needles into the skin at key points. Acupressure uses these same key points but involves applying pressure rather than inserting needles - prompting the body to release endorphins to reduce pain.
 - Transcutaneous electrical nerve stimulation (TENS) applies a small electric current to certain parts of nerves, potentially interrupt pain signals and induce the release of endorphins. To be effective, use of TENS should be medically supervised.
- Pain psychological support Living with pain can have an impact on physical, psychological and social well-being. This service is designed for anyone with persistent pain who is interested in exploring what they can do to manage pain more effectively, and improve their health, wellbeing and quality of life.

The service works to support people across the whole spectrum of difficulties that can be associated with persistent pain. You do not need to experience mental health difficulties in order to benefit from psychology services.



Types of Steroid Injections used for Pain Management

Steroid injections, also called corticosteroid injections, are anti-inflammatory medicines used to treat a range of conditions.

They can be used to treat problems such as ● joint pain ● arthritis ● sciatica ● inflammatory bowel disease. Steroid injections are only given by healthcare professionals. They include:

Facet joint block or injection (also known as a medial branch block) - these
injections target the sensory nerves supplying the facet joint and help relieve pain by
injecting a numbing agent or a steroid drug into the facet joint. These injections
can be used to decrease swelling in your spine or as a way to find out if the
facet joint is the cause of your pain.

Your spine is made up of many small bones that protect your spinal cord, the column of nerves that control your movements. Facet joints are small joints at each portion of your spine. These joints give your spine stability and allow you to move freely. The facet joints are small joints at the back of your spine that help keep the spine straight. These joints can be damaged by:

- Normal activity
 Ageing
 Injury or accident
- Inflammatory diseases such as rheumatoid arthritis. If you have arthritis, stress, or pressure on your spine because of how you move or because of a spinal injury, the facet joints can become painful.
- Radiofrequency facet denervations this is used to treat lower back 'nerve root'
 and neck pain. This is a procedure that desensitises the nerves that supply the facet
 joint and aims to change the way pain is transmitted from the facet joints to the brain.
 The nerve is interrupted by heating it with and electrical current from a special device
 called a radio-frequency machine. This treatment can be useful after initial treatment
 with facet joint/medial branch blocks have helped with your pain and can last longer.
- **Epidural steroid injections -** If you are struggling with lower back pain, sciatica, or arm pain that might be caused by a problem in your neck, the Consultant may suggest an epidural steroid injection (ESI). An ESI can treat swelling of the spinal nerves that are under too much pressure.

Pressure can occur when there is a narrowing of the space where your nerves travel down or out of your spine.

This narrowing might be caused by: ● disc herniations ● thickening of ligaments ● poor alignment of your vertebrae ● bone spurs

When you get an ESI, the Consultant places a needle into the epidural space and then injects a steroid medicine. The drug can travel in the epidural space to deliver effective pain relief to both sides of the spinal canal. You should start to feel the effects of the injection in as little as a day or up to a week after the injection.



- Sacroiliac joint steroid injections Your sacroiliac
 joint, also called the SI joint, is located where the
 sacrum connects to the iliac bones or the hips bones. When you receive an SI joint
 steroid injection, the Consultant places a needle into this joint and injects steroid
 medication. You might notice a stinging or burning sensation during the procedure,
 but you should not feel pain. The steroid can take up to 48 hours before it starts to
 relieve your SI joint discomfort.
- Transforaminal epidural injections If you're struggling with pain in your back or legs, a transforaminal epidural injection might help relieve your pain. This injection is done in the same way as a standard epidural injection, except the needle is smaller.

This type of pain injection is used to treat foraminal stenosis and disc herniations. If the first injection works for you, the Consultant might suggest a series of up to three doses. However, if you don't receive any relief after the first injection, research has shown that you probably won't get much benefit from subsequent injections.

Health and Wellbeing Guidance for Patients Useful Website links

Whilst you are waiting for any procedure, it is important to maintain a healthy lifestyle and be as medically fit as possible. If you have any long-standing conditions such high blood pressure you should get this reviewed at your General Practitioner's surgery to make sure it remains well controlled. This will also help prevent any unnecessary delays when you come for your hospital treatment.

- Information on Pain management can be found on the following websites:
 - Chronic Pain Management (ashfordstpeters.nhs.uk)- provide helpful, impartial information and advice on living with chronic pain. As well as information on treatments methods.
 - Injections for Neck and Back Pain Relief (spine-health.com) provides details on the range of steroid injections used for pain management
 - The British Pain Society | An alliance of professionals advancing the understanding and management of pain for the benefit of patients - provides helpful, impartial information and advice on living with chronic pain.
 - International Association for the Study of Pain | IASP (iasp-pain.org) a range of evidence based research material on all types of pain (acute and chronic), treatment options and advice on living with chronic pain.

General **health and wellbeing information to** support our local residents to stop smoking or with weight management **Healthy Surrey** has been commissioned to provide free stop smoking and weight management support our community.

- National Stop Smoking and weight management support is also available via
 - Quit smoking Better Heath NHS (www.nhs.uk) The NHS stop smoking service provides a range of options to help you quit including support from an advisor, stop smoking medications, e-cigarettes and a digital offer for those who wish to quit by themselves. If you are not ready to quit smoking, but would like more information on how to protect your family, Smoke free Homes, advises on how to make your home and car smoke free.



 Live Well - NHS (www.nhs.uk) are here to help you and offer different levels of support to maintain a healthy weight and to stop smoking, alcohol support and eating well etc.

Healthy eating and being active

Information and advice on healthy eating and becoming more active is available from:

- Eat well NHS (www.nhs.uk) (website) includes easy to prepare meals for healthy meals and the NHS Food Scanner app - Healthier Families - NHS (www.nhs.uk) to help reduce levels of sugar in your diet.
- Weight Management Service The service supports adults aged 18 years or over who want to lose weight and have been identified as obese.
- Lose weight Better Health NHS (www.nhs.uk) (website) includes tips on getting active for all, including the downloadable active apps, as well as tailored advice for those living with a long-term conditions.

Find out your BMI

You can get help to lead a healthier lifestyle if you're an adult (18 years or over) and your body mass index (BMI) is above average. Use this tool to BMI calculator | Check your BMI - NHS | Please fill in your details (www.nhs.uk) if it's too high, sign up for a programme that will help you lose weight BMI of 30+

o BMI of 28+

You can get support from the 'Live Well' website, if your BMI is 28 or over if at least one of the following applies:

- you have Type 1 and 2 Diabetes or Metabolic Syndrome
- you have problems with your heart, circulation, hypertension or high blood pressure
- you have been diagnosed with anxiety/depression
- you need to lose weight before receiving another medical treatment or surgery
- you have a serious long-term health condition that is adversely affected by your weight such as muscular skeletal disorders (back pain, mobility issues) and asthma
- you're from a black or ethnic minority background.

BMI of 25+

If you have a Body Mass Index of 25 or higher Eat well - NHS (www.nhs.uk) provides online support to help you lose weight and includes access to the NHS 12-week weight loss plan.

The NHS 12-week fitness plan will support your weight loss plan as well as improve your health. This is aimed at beginners and will help get you into the habit of regular exercise over the course of the programme. It is structured but flexible enough to allow you to fit the exercise sessions around your other weekly commitments.



What should I do if my health is deteriorating?

If you are experiencing any worsening signs or symptoms of any chronic pain, you should first consult your GP.

a. Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

b. Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Contact Us:

Call:	Email:	Websites:
Ashford & St Peter's NHS Trust Ashford Hospital: 201784 884 402 St Peter's Hospital: 201932 722 686	For My Planned Care enquiries	Home (ashfordstpeters.nhs.uk)