

Who says you have to learn to live with pain? ...

Despite numerous advances in its treatment, many people still live with constant or recurring spinal pain. Such people have unfortunately been told time and time again that their options are exhausted and that they can expect the same problems in the future. This is especially so for those who have already had surgery or who have chronic pain. Often, however, just the opposite is true.

Understanding Pain

What does it mean "to understand pain?" I want to give you an example. Something called Post-nucleotomy syndrome can occur in some patients after herniated disk surgery. This means that the same or similar pain experienced before surgery returns after surgery. How is this possible? How can something be painful when it is no longer there? Pain is often hard to understand. I have been organizing patient education events for many years. I sometimes learn more about pain from the patients that attend the Pain Management Colloquium than I do during office hours. Being together with people facing the same problems, away from the clinical setting, makes talking a lot easier. And someone who can talk to experts and fellow patients alike has an easier time understanding complicated issues.

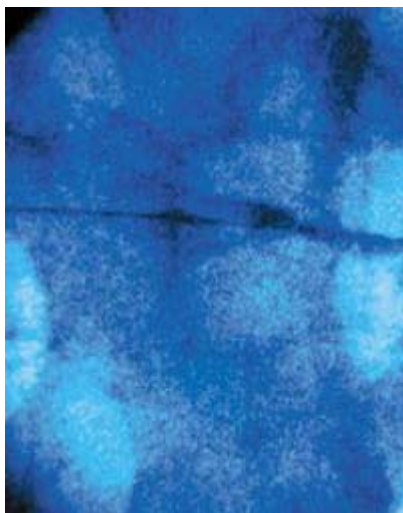


Most pain patients have wandered from doctor to doctor for years, each time hoping to finally find help. Unfortunately for many, help could not be found, leaving only frustration with doctors and medicine. Many have the feeling that no one takes them seriously anymore and become disillusioned; some pain patients suffer from depression as a result. This happens more often than one might think.

All this usually means that one's entire life is slowly but surely dominated by pain. Such people begin to withdraw from life, stop leaving the house, begin turning away from family and friends. One is afraid of not being taken seriously, of becoming a burden to others or, worse still, of becoming a nuisance. In the end this process leads to isolation. The pain determines the way one lives. But shouldn't it be the other way around? The patient should regain control of his or her life. This is what we work on; this is our common goal.

Recognizing Pain

This doesn't mean that you, the pain patient, need to learn what pain is - you found that out long ago! The question is whether or not your doctor recognizes it. Then many things can cause pain, making it difficult to find the actual cause. Is it an intervertebral disk, a nerve, inflammation, a degenerative process? Or is it something completely different? Is there more than one cause? One of the hardest diagnoses to make in all of medicine is that concerning the cause of pain. For a single doctor the challenge can be overwhelming. For this very reason we utilize a modern holistic approach which involves several doctors from various specialties. It is like a puzzle that the doctor must put together. The patient's history, often the product of a long consultation, and various tests become the individual puzzle pieces. These pieces must be put in the right order - the correct diagnosis.



It all begins with a questionnaire. This provides a sensitive, detailed first look at the patient's unique situation. This is followed by a thorough consultation with the doctor. We then look at all diagnoses and therapy plans made by previous doctors and bring them up-to-date with our own state-of-the-art diagnostic techniques. Often at this point we profit from the opinions of an anesthesiologist, neurologist or radiologist.

A thorough consultation with the patient is then the decisive factor in the implementation of a therapy strategy.

Treating pain

Many acute or chronic pains of the bones, ligaments, tendons, muscles and joints (of the spinal column, for example) respond well to out-patient therapies. These include chiropractic, neural therapy and acupuncture, individually or in combination with various medications. Additional possibilities include physical therapy.

Who Says Surgery Is the Only Option?

It is important to implement efficient therapy strategies at the first signs of pain. In this way pain can be stopped before it becomes chronic. This can be achieved in an out-patient setting, but in-patient therapy is sometimes preferable. Our in- and out-patient pain management concept encompasses gentle, modern treatments and procedures for spinal pain.



These techniques can make surgery unnecessary and even bring hope to the most disillusioned of patients. Stubborn, seemingly therapy-resistant pain can be treated. The new generation of therapies and procedures are an important advance in modern orthopedic practice. They not only make surgery unnecessary; they can also help patients whose pain has not responded to previous surgery.

New Hope

The development of new pain after surgery happens more frequently than people realize. Fortunately, with the advent of minimal invasive pain management therapies, most surgical procedures can today be avoided. Still, patients not familiar with such therapies often decide out of frustration to undergo surgery.



Regrettably the very rationale of pain management often gets turned upside-down through surgery. We therefore recommend exhausting all other pain management strategies first before going ahead with surgery.