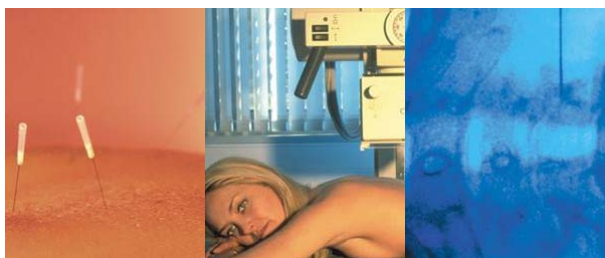


1. Out-Patient Pain Management

Out-patient treatments for acute symptoms include nerve root procedures, infusion treatments, acupuncture, chiropractic and physical therapy. We take full advantage of image intensifying technology in our operating room, and our procedure rooms are equipped with state-of-the-art patient monitoring systems.



Indications

- acute and chronic pain of the neck, thorax and lower back
- acute and chronic pain following surgical treatment of herniated disks
- intervertebral arthrosis, arthritis
- facet syndrome
- vertigo and migraines
- rheumatic aches and pains
- joint pain
- polyneuropathy
- pain associated with poor circulation

Value

This therapy concept achieves very good results with the strongest acute and chronic pain, even when such pain failed to respond to previous treatment.

Advantage

Out-patient interventional pain management allows for highly effective, precise pain treatment with sensibly coordinated follow-up treatment.

Follow-Up

A physical therapy program tailored to individual needs is implemented parallel to the pre-existing out-patient program.

Work

Depending on the severity of pain and the therapeutic strategy, one can continue working or quickly regain the ability to work.

Sport

We advise each patient individually as to when and in what degree sports are possible.

2. Interventional Pain Management

In-patient procedures are short-term and take place in the operating room under sterile conditions. They include diagnostic infiltration with image intensifying technology and injections near the spine and spinal cord. Special infusion treatments are occasionally required as follow-up. The in-patient pain management concept is based on the principles of modern physical therapy. The staff at the Schreiber Clinic Munich-Bogenhausen is qualified in the complete physical therapy spectrum, including rehabilitation, electrical therapy, various heating/cooling applications and therapeutic baths.



Indications

- out-of-town patients
- when out-patient therapy is inappropriate
- acute and chronic pain of the neck, thorax and lower back
- acute and chronic pain following surgical treatment of herniated disks
- intervertebral arthrosis, arthritis
- facet syndrome
- vertigo and migraines
- joint pain
- rheumatic aches and pains
- polyneuropathy
- pain associated with poor circulation

Value

This therapy achieves very good results with the strongest acute and chronic pain, especially when such pain failed to respond to out-patient treatment.

Advantage

In-patient interventional pain management allows for highly effective, precise pain treatment with sensibly coordinated follow-up treatments.

Follow-Up

Supervised physical therapy can already begin during the stay. Before leaving the patient receives a detailed physical therapy plan for home.

Work

Depending on the therapy work can be immediately resumed or shortly thereafter.

Sport

Depending on the therapy sports can be immediately resumed or shortly thereafter.

3.1 Injection Treatment at the Spinal Nerve Roots of the Neck, Thorax and Lower Back

Computer-Tomographic- and Image Intensifier-Guided Periradicular Therapy

Injection Treatment of the Nerve Roots of the Cervical, Thoracic and Lumbar Spine



Precise placement of a special needle near spinal nerve roots is made possible through the use of image intensifying technology and, when necessary, contrast medium. Medication is injected after placement of the needle.

Indications

- protruding intervertebral disks
- stenosis of the spinal canal or intervertebral foramen
- radiating pain
- post-nucleotomy syndrome (pain following herniated disk surgery)
- acute and chronic nerve root irritation

Value

Computer tomographic and image intensifier technology make a precise pain treatment possible; the correct diagnosis, however, is required. Follow-up treatment such as physical therapy is necessary. The procedure may sometimes have to be repeated.

Advantage

This is a minimal invasive procedure, available on an out-patient basis. Long and involved surgical procedures are rendered unnecessary. Medications can be reduced after treatment.

Follow-Up

A customized plan of physical therapy should be initiated immediately following treatment. The coordination of doctor and physical therapist is necessary.

Work

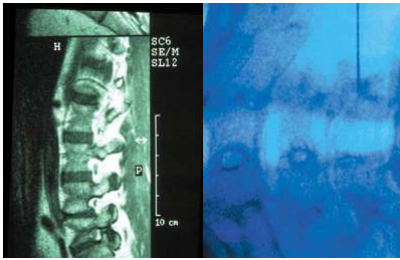
Light physical activity is usually possible one to two weeks after treatment, depending on diagnosis.

Sport

Sports can usually be resumed after treatment.

3.2 Interventional Pain Management

Computer-Tomographic- and Image Intensifier- Guided Facet Block (Injection Of Vertebral Joints)



Precise placement of a special needle directly into the affected vertebral joint is made possible through the use of image intensifying technology and, when necessary, contrast medium. Medication is injected after needle placement.

Indications

- Arthrosis of vertebral joints
- Spinal column anomalies
- Facet syndrome (vertebral joint pain)
- pseudo-radicular pain (local, non-radiating pain)
- diagnostic blocks (before thermocoagulation treatment)
- fixation of the smaller vertebral joints

Value

Image intensifying technology makes precise facet block treatment possible; the correct diagnosis is, however, required. Follow-up treatment such as physical therapy is necessary. The procedure may sometimes have to be repeated.

Advantage

This is a minimal invasive procedure, available on an out-patient basis. Long and involved surgical procedures are rendered unnecessary. Medications can be reduced after treatment.

Follow-Up

This is a minimal invasive procedure, available on an out-patient basis. Long and involved surgical procedures are rendered unnecessary. Medications can be reduced after treatment.

Work

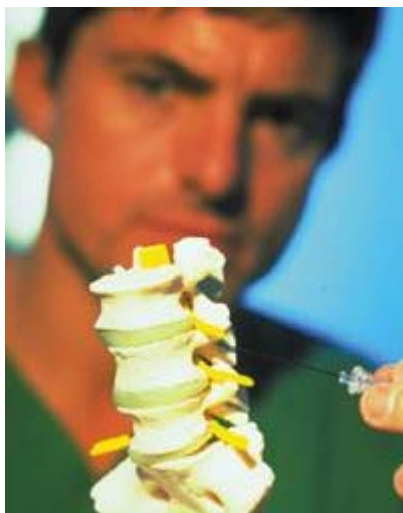
Light physical activity is usually possible one to two weeks after treatment, depending on diagnosis.

Sport

Sports can usually be resumed after treatment.

3.3 Interventional Pain Management

Computer-Tomographic- and Image Intensifier-Guided Short-Term Ganglionic Blocks



Thoracic Spinal Column

Precise placement of a special needle near the sympathetic trunk is made possible through the use of image intensifier technology and, when necessary, contrast medium. Medication is injected after needle placement.

Lumbar Spinal Column

The needle is placed in the lumbar spine and the procedure continues as above.

Sacrum

The needle is placed in the sacrum and the procedure continues as above.

Indications

Thoracic Spinal Column

- occlusive arterial disease of the upper extremities
- brachial plexus injury following radiation therapy
- phantom-limb pain
- neuralgia following herpes infection
- acute herpes zoster (shingles)

Lumbar Spinal Column

- occlusive arterial disease of the lower extremities
- sympathetic reflex dystrophy (skin and soft tissue degeneration resulting from poor circulation)

Sacrum

- pelvic and leg pain caused by pelvic tumors

Value

Computer tomographic and image intensifier technology make a precise pain treatment possible; the correct diagnosis, however, is required. Follow-up treatment such as physical therapy is necessary. The procedure may sometimes have to be repeated.

Advantage

This is a minimal invasive procedure, available on an out-patient basis. Long and involved surgical procedures are rendered unnecessary. Medications can be reduced after treatment.

Follow-Up

A customized plan of physical therapy should be initiated immediately following treatment. The coordination of doctor and physical therapist is necessary.

Work

Light physical activity is usually possible one to two weeks after treatment, depending on diagnosis.

Sport

Patients active in sports receive an individual consultation