

A Painful Reality

By Shelley Sepiol

DO YOU SUFFER FROM CHRONIC PAIN? GOOD NEWS: RELIEF IS IN SIGHT

When Hebron resident Kathy Lambert broke her wrist two years ago, she had no idea it would be the catalyst for a condition with pain so severe it would actually bring about thoughts of suicide.

Known as complex regional pain syndrome (CRPS) or reflex sympathetic dystrophy (RSD), the condition can cause severe pain in the extremities and is typically brought on by a physical trauma, such as Lambert's broken wrist.

Turn Your Back on Pain

The Pain Management Centers of Community Healthcare System offer a variety of diagnostic testing and pain relief treatments, including:

- ◆ X-ray studies
- ◆ magnetic resonance imaging (MRI)
- ◆ epidurals
- ◆ selective nerve root blocks
- ◆ prolotherapy
- ◆ facet joint injections
- ◆ electromyography (EMG)
- ◆ intrathecal narcotic pumps

An Evolving Field of Medicine

Lambert sought the help of Shaun Kondamuri, M.D., medical director of the Pain Center at St. Mary Medical Center in Hobart and St. Catherine Hospital in East Chicago. Kondamuri has seen a lot more cases of CRPS lately, usually after a patient has suffered a crushing injury or simple fracture that causes a disturbance to the nervous system.

Kondamuri and his colleague Brian McClenic, M.D., medical director of the Community Hospital Pain Management Center, are part of a field of medicine that's evolved in the past 20 years, specializing in the management of pain of all varieties—from cancer pain to low-back pain. "We can't cure them all, but we can make life better for them all," Kondamuri says. "It's very rare that we can't offer relief to someone."

However, because of its relatively new arrival on the medical scene and despite the fact that pain management is covered by most insurance

plans and Medicare and Medicaid, it has missed the attention of many who could benefit from it. Anyone can be a victim, though those between 40 and 70 make up the majority of pain sufferers.

It certainly took Lambert by surprise. One simple break of the wrist brought on a condition that changed her entire outlook on life—for the worse. She went from being a very healthy and active 50-year-old to a virtual prisoner of her pain. While most causes of pain are not as obscure as Lambert's, the pain can still be just as extreme and debilitating.

Conservative Treatments Are Available

The most common source of pain is the back, Kondamuri and McClenic agree. It's the No. 2 cause of lost workdays (behind the common cold). Kondamuri says 70 to 75 percent of the patients he sees come in for chronic lumbar, or lower back, pain. A lot of the patients whom pain management specialists see



X-ray showing an implanted spinal cord stimulator





are referred by spinal surgeons who want to try more conservative options before performing surgery.

Many of the other back-pain patients—up to one-half—are those who have undergone surgery that didn't help them, either because of misdiagnosis, poor surgical technique, or a surgery that was successful yet failed to offer relief. "We want people to know we can offer conservative spine treatments," Kondamuri says.

In fact, one study showed that the majority of autopsies performed on

"We want people to know we can offer conservative spine treatments."

the elderly reveal the presence of degenerative disc disease, a disease in which the discs of the spine compress and disintegrate. So it's no surprise that McClenic sees a lot of degenerative disc disease, as well as disc herniations and spinal arthritis.

Hebron resident Kathy Lambert has been able to get back to the woodworking hobby she shares with her husband, thanks to successful management of complex regional pain syndrome in her hand and legs.

He says that more than 80 percent of patients suffering from acute disc herniation will have significant relief with a combination of rest, pain medications and steroid injections.

Cancer Pain Relief

Another underutilized use for pain management is treating cancer pain. Tumors in the bone, for example, can be very painful, since the

bone covering has a lot of nerves. Bones are also prone to fracture when tumors are present.

“Pain from pancreatic cancer is notoriously severe and actually is very easily treated,” McClenic says.

Relief Can Be Elusive

The specialty is called pain “management” for a reason. McClenic says very few patients will receive permanent relief. As with other chronic conditions, such as congestive heart failure and diabetes, the goal is to keep patients as healthy and comfortable as possible.

“The goal of the pain center is to give someone 50 percent relief of their pain and, more important, to get them back to activities of daily living,” McClenic says.

No Pain, Your Gain ▼

To make an appointment at one of the Pain Management Centers of Community Healthcare System, call one of the locations below.

**The Pain Management Center
of Community Hospital**
901 MacArthur Blvd., Suite 402
Munster, IN
(219) 836-4556

**The Pain Center of
St. Catherine Hospital**
4321 Fir St., Suite 208
East Chicago, IN
(219) 392-7246

**The Pain Center of
St. Mary Medical Center**
1400 S. Lake Park Ave., Suite 202
Hobart, IN
(219) 947-6695

“The **goal of the pain center** is to give someone 50 percent **relief of their pain** and, **more important**, to get them **back to activities of daily living.**”

That seems straightforward enough, but sometimes relief is elusive, as in Lambert’s second round of CRPS. An injury to her foot soon spelled CRPS for both of her legs and feet. She experienced discoloration of the skin and pain and burning in her feet so severe that she couldn’t stand for very long and had to give up the woodworking hobby she shares with her husband.

“I could not open the refrigerator. The air from the refrigerator hurt so bad on my feet that it wasn’t worth it,” Lambert recalls.

Committed to Finding Relief

Unfortunately, a series of five nerve root blocks—injections of anesthetic to numb feeling in the problem nerves—didn’t work for Lambert’s legs and feet as they had for her wrist. However, pain specialists are committed to finding relief for their patients, and Kondamuri continued to work to find a solution that would restore Lambert’s quality of life.

He determined that she might benefit from a spinal cord stimulator, which works by providing electrical stimulation to the nerves

in question, changing the feelings of pain to a non-painful buzzing sensation.

“The trial stimulator controlled 80 percent of my pain,” Lambert says. “I had the best week of my life, because I could only have it [the trial stimulator] for a week.” After three more agonizing months awaiting insurance approval, she had the permanent stimulator implanted.

The stimulator consists of two leads running from a battery pack underneath the skin in the lower back to the epidural space of the spinal cord. Lambert controls the stimulation setting with a remote control and has achieved great pain relief, allowing her to get back to woodworking with her beloved. “So, needless to say, I’m now the happiest girl in the world,” Lambert says.

Have No Fear

When McClenic cares for patients, he believes each should receive physical therapy, injection therapy, medications, and psychological or psychiatric therapy. While the old stigma once attached to seeking mental health assistance still haunts some people, pain management doctors want to reassure them.

“We prescribe this kind of therapy, not because we think you’re crazy but because we know your pain is real,” McClenic says. “But anyone dealing with chronic pain is dealing with a lot of psychological issues, such as depression, and antidepressants have a true, physical effect on pain, as do anti-seizure medications.” ■

