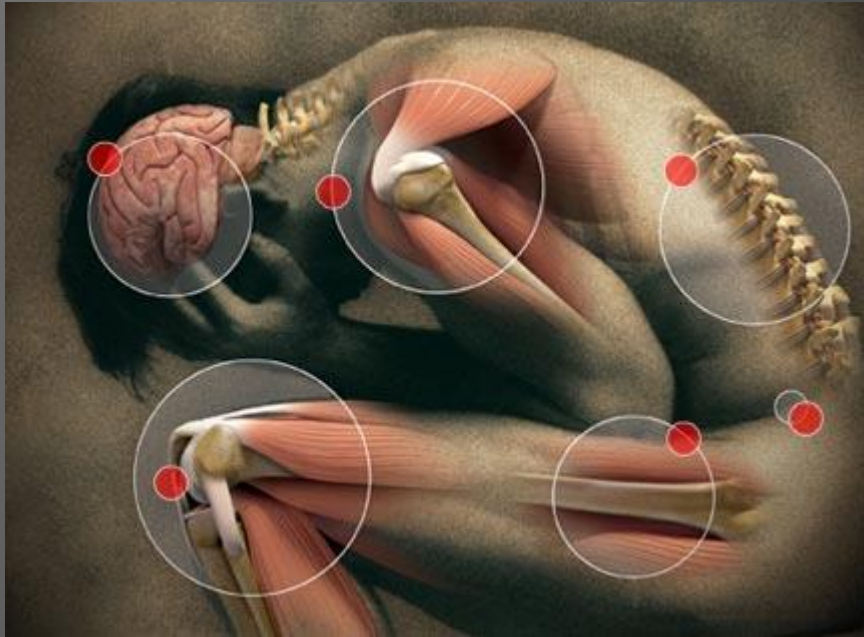


CHRONIC PAIN



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Pain - Definition

- ⦿ Unpleasant
- ⦿ Sensory & emotional experience
- ⦿ Associated with actual or potential tissue damage or described in terms of such

IASP- Merskey

- ⦿ Chronic pain – Lasting more than 3 months/ after wound is healed

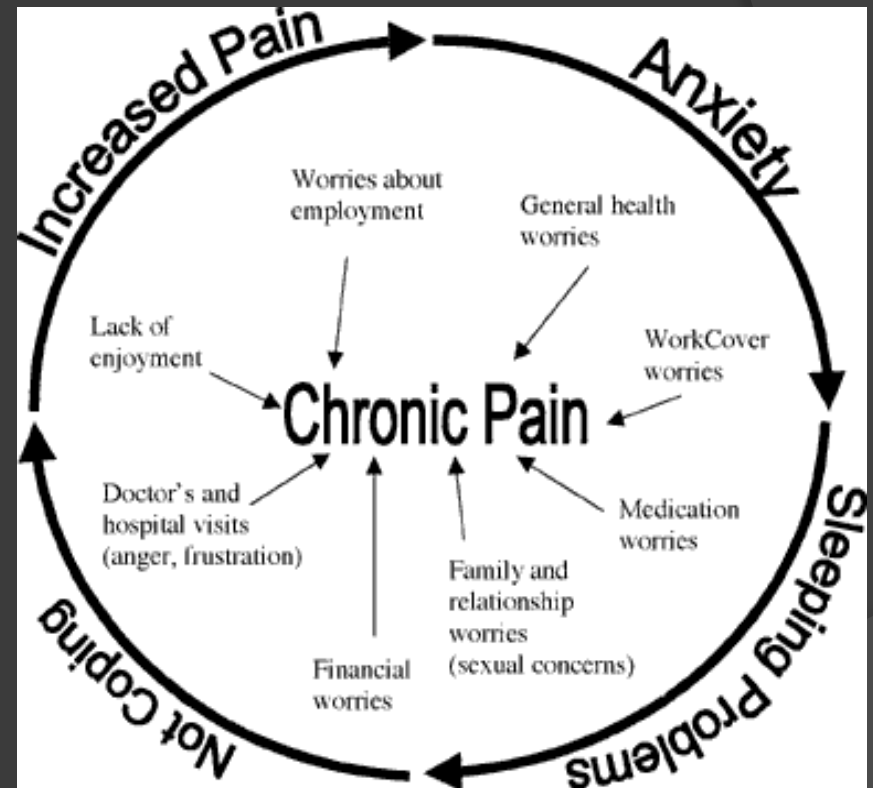
More Definitions

- ⦿ Allodynia – Pain / harmless stimulus
- ⦿ Hyperaesthesia – Increased pain / painful stimulus
- ⦿ Hyperalgesia – Increased pain / suprathreshold stimulus

Chronic Pain

● Multifactorial aetiology

- ❖ Nerve damage
- ❖ Depression
- ❖ Poor sleep
- ❖ Immobility
- ❖ Nutritional status
- ❖ Co-morbidity – eg cancer, DM
- ❖ Potential benefits



Complex Regional Pain Syndrome (CRPS)

- Burning pain, hyperaesthesia, vasomotor & dystrophic changes

Eg. Oedema, hyper/hypothermia, abnormal hair & nail growth

Associated emotional upset

- Type I – No obvious precipitating injury
- Type II – Preceding injury eg. Sprains, fractures

Complex Regional Pain Syndrome (CRPS)



Neurogenic Pain

- ⦿ Caused by central or peripheral nerve damage
- ⦿ Eg. Post herpetic neuralgia – cell loss in dorsal root ganglion

Pain persists after rash has healed

Commonly V1, T5 & T6 dermatomes

Rx. Acyclovir, sympathetic block,
amitryptiline

Post Herpetic Neuralgia



Shingles

ADAM.

Myofascial Pain – ‘Trigger Point’ Pain

- Trauma/ stress to intramuscular connective tissue

Acute -----> Chronic



Mechanical/ emotional stress

Trigeminal Neuralgia

- Bursts of severe, lancinating pain triggered by touch
- Usually unilateral & in one division of trigeminal N
- Underlying causes- DM, multiple sclerosis, SOL
- Rx. Carbamazepine, Gabapentin, surgical decompression

Trigeminal Neuralgia



Cancer Pain



- Occurs in a majority of patients with cancer
- 'Whole body pain', neurogenic, depression, malnutrition, metastases, fractures.....
- Believe the patient, Empathy
- Analgesic ladder, by the mouth, by the clock
- Additional – Radio/ chemotherapy, Local blocks, Ketamine

Phantom Limb Complex

- ◉ **Limb sensation**
- ◉ **Stump pain**
- ◉ **Limb pain** – pain referred to absent limb
- ◉ **Predisposing factors**
 - Pre amputation pain
 - Stress,
 - Spinal anaesthesia
 - post amputation,
 - Stump pressure
 - Neuroma



Phantom Limb Complex

- ⦿ Prevention- Difficult to predict occurrence
 - ❑ Effective analgesia – eg Pre- amputation epidural continued intra/ post op
 - ❑ Good surgical technique

- ⦿ Treatment
 - ❑ Medical – Tricyclic antidepressants, opioids, Ketamine, oral lignocaine
 - ❑ Non-medical – TENS, acupuncture, hypnosis, Mirror box

Management

● Assessment –

Site

Sort

Severity

Onset

Periodicity

Duration

Relief

Aggravation

Disability

Litigation

Management - Assessment tools

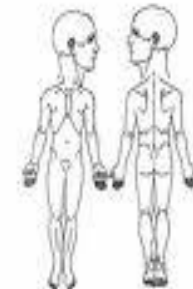
- Short-form McGill Questionnaire
- HADS – Hospital Anxiety and Depression Scale

SHORT FORM MCGILL PAIN QUESTIONNAIRE and PAIN DIAGRAM

Date: _____
Name: _____

Check the columns to indicate the level of your pain for each word, or leave blank if it does not apply to you.

	Mild	Moderate	Severe
1 Throbbing	_____	_____	_____
2 Shooting	_____	_____	_____
3 Stabbing	_____	_____	_____
4 Sharp	_____	_____	_____
5 Clamping	_____	_____	_____
6 Gunning	_____	_____	_____
7 Hot-burning	_____	_____	_____
8 Aching	_____	_____	_____
9 Heavy	_____	_____	_____
10 Tender	_____	_____	_____
11 Splitting	_____	_____	_____
12 Tearing & Choking	_____	_____	_____
13 Severe	_____	_____	_____
14 Fearful	_____	_____	_____
15 Creeping	_____	_____	_____



Mark or checkmark in the space beside where you have your pain or pains.

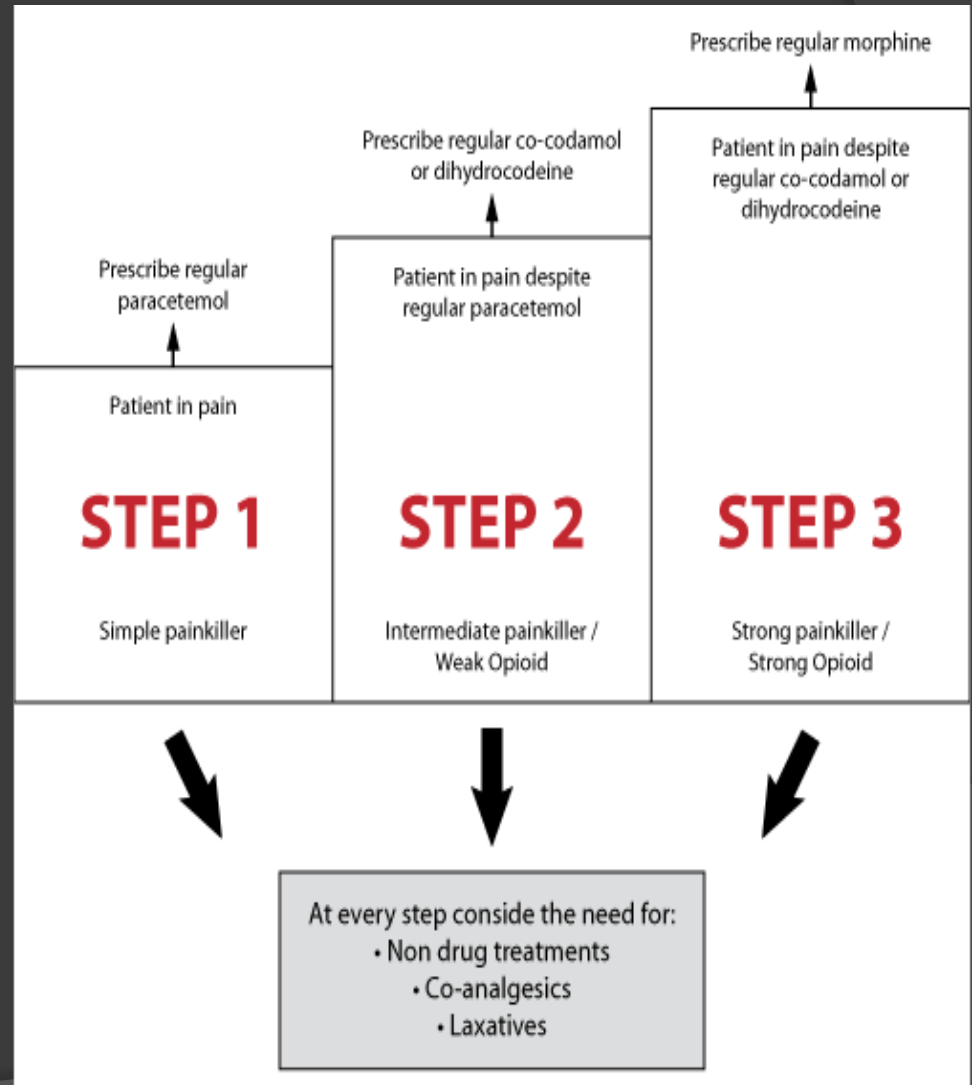
Indicate on this line how bad your pain is--at the left end of line means no pain at all; at right end means worst pain possible.

No. _____	Worst Possible Pain
Pain: _____	Pain

0 10 20 30 40 50 60 70 80 90 100

Management -Treatment

- Analgesics – WHO pain ladder



Management

- Treatment

- Adjuvants – TCAs eg. amitryptilline

- Local anaesthesia –

- Epidural

- Blocks –

- Sympathetic – Stellate, coeliac,
lumbar sympathetic,

- Psychological support

- TENS

Summary

- ⦿ Chronic pain affects 60-70% of adult population
- ⦿ Multi-factorial origin
- ⦿ Assessment - vital
- ⦿ Multi-pronged treatment plan
- ⦿ Response to treatment variable