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PSSO Newsletter



PIONEERS IN THE ADVANCEMENT OF PAIN MANAGEMENT TECHNOLOGY

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Neurotomy and the high level of evidence based medicine supporting its use.

Sincerely,
Joe Savino and George Johnston
Pain Specialist of Southern Oregon

Pain Specialists of Southern Oregon Transitions Away From “Medication” Management

Offering a multi-modalities approach with interventional pain treatments resulting in more effective and safer options while tapering down medications for chronic pain patients.

With the new CDC guidelines now directing healthcare, clinics and doctors are taking a more serious look at the practice of prescribing potentially harmful drugs, making it clear that over-prescribing is driving an epidemic of opioid addiction. The guidelines encourage doctors to implement other programs that have more effective, healthier results than opioid pain medications when treating pain. Regarding long term chronic pain, we need to look at a better

approach incorporating a network of complementary therapies for treatment of chronic pain with multiple modalities. Some of these include acupuncture, behavioral counseling, nutrition consulting, and stress / relaxation therapies.

Interventional pain treatments have improved with new emerging technologies which are much more effective for patients suffering long term chronic pain. We are having amazing patient results from these procedures. This is very encouraging and is a true game changer for those in chronic pain (see list below). Opioids are now recognized by the CDC and research studies to be the least effective treatment for pain and also cause serious health complications, including the possibility of addiction. The guidelines also suggest that patients question whether they need such strong drugs to control their chronic pain.

CDC Guidelines

<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Dear Colleagues,

We wanted to send out a newsletter keeping you updated on our practice and important advances in the field of interventional pain management. With the continued decline of chronic opiate medication management as an effective and safe modality to treat pain, it has become increasingly important to find and offer more effective treatments for our patients. Recently, the FDA has approved new devices to treat chronic back and or leg pain. These devices for Spinal Cord Stimulation, has been effective for many patients in achieving pain 'remission' (drops in pain scores to 3.5 or less). We also will discuss the advances in Radiofrequency

Pain Specialists of Southern Oregon:

- **Precision Guided Diagnostic and Therapeutic Injections. Epidural/Selective Spinal Nerve Blocks**
- **Facet Joint Injections. Medial Branch Blocks. Joint Injections (Hip, Shoulder, Knee, Neck)**
- **Discography. Sacroiliac Joint Injections. Radiofrequency Ablations. Neuromodulation**
- **Spinal Cord Stimulation. Spinal Cord Simulator Implant. Peripheral Nerve Stimulator**
- **Intrathecal Pain Pump.**
- **Incorporating a Network of Complementary Therapies**



Spinal Cord Stimulation: Neuromodulation. 2013 Jul-Aug;16(4):370-5. doi: 10.1111/ner.12032. Epub 2013 Feb 21.

Radiofrequency Ablations: *Pain.* 2011 Mar;152(3):481-7. doi: 10.1016/j.pain.2010.09.029. Epub 2010 Nov 4

Nutritional Benefits chronic pain: PMID:25888381 [PubMed-indexed for MEDLINE] PMID:PMC4397667

Acupuncture Benefits: *Arch Intern Med.* 2012;172(19):1444-1453. doi:10.1001/archinternmed.2012.3654

Behavioral counseling, Stress, relaxation therapy benefits:

J Pain. 2008 Sep;9(9):841-8. doi: 10.1016/j.jpain.2008.04.003. Epub 2008 Jun 12. *Altern Ther Health Med.* 2005 Jul-Aug;11(4):44-52.

Radiofrequency Neurotomy and Evidence Based Medicine.

Few procedures in the medical or surgical literature have had as strong support from evidence based medicine as radio-frequency Neurotomy, specifically for treating pain in the cervical spine. Studies have shown that approximately 60% of cervical spine pain in the absence of radicular symptoms arises from the cervical facet (zygapophyseal) joints. Each joint is innervated by two medial branches that are easily blocked. Greater than 80% immediate relief with two confirmatory medial branch blocks is predictive of a positive response to RF Neurotomy.

(Ref: RF Knee.2011 Mar;152(3):481-7. doi: 10.1016/j.pain.2010.09.029. Epub 2010 Nov 4. Choi WJ¹, Hwang SJ, Song JG, Leem, Kang YU, Park PH, Shin JW)

Relief typically lasts between 6 to 18 months, at which time the procedure can be repeated.

Uses of RF Neurotomy have expanded to treating axial thoracic and lumbar spine pain as well as pain from the sacroiliac joints.



Recently, we have begun to use RF Neurotomy to treat pain arising from the knee and hip joints from osteoarthritis.

The main articular branches innervating the joints are blocked with local anesthetic and RF Neurotomy is then used to ablate the nerves. Studies are being conducted to determine degree and length of relief with one RCT currently published supporting knee RF ablation.

Ref. Cervical Radiofrequency: McDonald, Greg J. F.A.F.R.M.; Lord, Susan M. Ph.D.; Bogduk, Nikolai Ph.D., D.Sc.Neurosurgery: July 1999 - Volume 45 - Issue 1 - p 61.

This modality can be used for any patient suffering from knee or hip pain that may not be treated easily with surgery or steroid injections.

Spinal Cord Stimulation Effective for Neuropathy Pain Over the Long Term



Most people who are treated with spinal cord stimulation due to painful diabetic neuropathy, or nerve damage, achieve long-term relief, according to a new study from the Netherlands. As many as 70% of people with diabetes have some form of neuropathy, as stated by the National Institutes of Health[1].

Chronically high blood sugar levels can damage nerves throughout the body, including in the peripheral nervous system, which is responsible for transmitting information[2] to and from the brain and spinal cord to the rest of the body. Symptoms of diabetic peripheral neuropathy include pain, tingling, and numbness in the hands, feet, arms, and legs. Currently, only an estimated 40% to 60% of affected people achieve partial relief[3].

Spinal cord stimulation (SCS) involves using a mild electric current to block pain impulses in the spine via the use of a small current generator connected to the space at the top of the spine with wires. Previous research has indicated that this method of treatment successfully relieves neuropathy pain, but participants in the studies were only followed for six months.

To determine whether SCS can control neuropathy pain over the longer term, researchers from

Maastricht University Medical Centre conducted a 24-month follow-up of 17 participants from an earlier trial who had received benefits from the device.

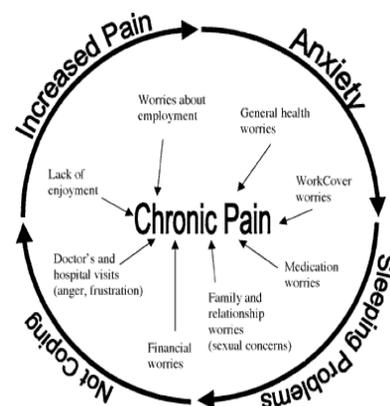
At the end of the two-year period, 47% of participants reported a 50% pain reduction during the day and 35% reported a 50% pain reduction during the night. Additionally, 53% of participants reported a significant overall improvement in their pain levels and sleep quality, leading the researchers to conclude that SCS can successfully relieve neuropathy pain on a longer-term basis.

“Spinal cord stimulation serves as a successful last resort treatment...for the duration of at least two years in 65% of diabetic patients with painful neuropathy,” said researcher Dr. Maarten van Beek[4] in an e-mail to Reuters Health.

For more information, read the article “Spinal Cord Stimulation Benefit Ongoing in Diabetic Neuropathy”[5] or see the study[6] in the journal *Diabetes Care*. And for more information about dealing with neuropathy, read the article “Controlling Neuropathic Pain: Tips From an Occupational Therapist.”[7]

1. National Institutes of Health: <http://www.niddk.nih.gov/health-information/health-topics/Diabetes/diabetic-neuropathies-nerve-damage-diabetes/Pages/diabetic-neuropathies-nerve-damage.aspx>
2. responsible for transmitting information: <http://www.nebraskamed.com/neuro/neuromuscular-disorders/peripheral-neuropathy>
3. achieve partial relief: <http://www.fusfoundation.org/diseases-and-conditions/brain-disorders/neuropathic-pain>
4. said researcher Dr. Maarten van Beek: <http://www.medscape.com/viewarticle/847506>
5. “Spinal Cord Stimulation Benefit Ongoing in Diabetic Neuropathy”: <http://www.medscape.com/viewarticle/847506>
6. study: <http://care.diabetesjournals.org/content/early/2015/06/25/dc15-0740.full.pdf+html>
7. “Controlling Neuropathic Pain: Tips /managing-diabetes/complications-prevention/controlling-neuropathic-pain/

Depression, Anxiety Connection to Chronic Pain



While medications can help some in treating these issues, Touchstone Interventional Pain Center may recommend the following.

Cognitive-behavioral therapy (CBT) is used to treat anxiety disorders as well as chronic pain conditions. It is one type of effective therapy.

Relaxation techniques help people develop the ability to cope more effectively with the stresses that contribute to anxiety and pain. Common techniques include breathing retraining, progressive muscle relaxation, and exercise.

Complementary and alternative treatment. Yoga, acupuncture, and massage are among the complementary and alternative techniques that relieve the symptoms of anxiety disorders as well as chronic pain.

We are pleased to announce that we are now **Asante Epic Community Connect Partners**. One Patient. One Record. One Community. Streamlining our EMR.



OUR LOCATION



825 Bennett Ave. Medford, OR

We are Southern Oregon's first interventional pain management practice with specialists in both anesthesiology and physiatry. We are well-respected for our conservative and innovative, treatment methods.

MULTI-DISCIPLINARY APPROACH

We are committed to treating the whole person. Using a multidisciplinary approach to pain management, we go beyond just medications. We incorporate lifestyle changes, non-invasive surgical procedures, physical therapy, education and other treatments.

*** Accepting New Patients***

MEET OUR TEAM



Joseph Savino, MD



George Johnston, DO



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AGNP-C

Please feel free to call us with your questions or for patient consultation at 541-779-5228

COMING SOON

Crater Lake Surgery Center

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We would love to hear from you with your comments:

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