

# Interventional Procedures in Pain Management

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## Pain Management at Courage Kenny

- Abbot Campus

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## Chronic Pain Management at Courage Kenny

- **Interdisciplinary**
  - Physical conditioning
  - Rehabilitation therapies
  - Acquisition of coping and behavioral skills
  - Education (pain and body physiology)
  - Individual and group counseling
  - Alternative therapies
    - Acupuncture
  - Medication management
  - Diagnostic & Therapeutic Interventions/Procedures

## Musculoskeletal Pain

- Axial / Spinal
- Appendicular / Joints

## Spinal Pain

- Cervical
  - Facet Joints
  - Medial Branch Nerve
    - Blocks
    - Radiofrequency Ablation (RFA)
- Thoracic
  - Sacroiliac joint blocks
- Lumbar
  - Epidural Steroid Injections
    - Interlaminar
    - Transforaminal
    - Caudal
- Sacral
  - Selective Nerve Root Blocks

## Spinal Pain

- Vertebral augmentation techniques
  - Vertebroplasty
  - Kyphoplasty
- Implantable therapies
  - Spinal cord stimulation

## Articular / Joint Pain

- Intra-articular Injections
- Peri-articular Infiltrations
  - Tendons
  - Ligaments
- Trigger Point Injections

## Neuropathic

- Radicular pain
- Painful Peripheral Neuropathy
  - Postherpetic Neuralgia ("shingles")
  - Diabetic neuropathy
- Central
  - Secondary to spinal cord injury
  - Post-stroke pain
- Deafferentation Pain
  - Phantom limb pain

## Neuropathic Pain - Radicular

- Epidural Steroid Injections
  - Interlaminar
  - Transforaminal
- Selective Nerve Root Blocks

## Neuropathic Pain - Peripheral

- Painful Peripheral Neuropathy
  - Postherpetic Neuralgia ("shingles")
    - Nerve blocks
    - Epidural injections
    - Spinal Cord Stimulation
  - Diabetic neuropathy
    - Spinal Cord Stimulation

## Neuropathic Pain

- Central Pain
  - Secondary to spinal cord injury
  - Post-stroke pain
- Deafferentation Pain
  - Phantom limb Pain

## Complex Regional Pain Syndrome - CRPS

CRPS describes an array of painful conditions that are characterized by a continuing regional pain that is seemingly **disproportionate** in time or degree to the usual course of any known trauma or other lesion.

The pain is **regional** (not in a specific nerve territory or dermatome) and usually has a **distal** predominance of abnormal **sensory, motor, sudomotor, vasomotor, and/or trophic** findings.

The syndrome shows variable progression over time. To make a clinical diagnosis **specific criteria** must be met.

*Harden RN, et al. Pain 150(2): 268-274 August 2010*

### Budapest Criteria for Clinical Diagnosis of CRPS

1. Continuing pain, which is **disproportionate** to any inciting event
2. Must **report one symptom in 3 of 4** categories:
  - ① -Sensory: Hyperalgesia, Allodynia
  - ② -Vasomotor: Temperature asymmetry, Skin color changes
  - ③ -Sudomotor/Edema: Edema, Sweating changes
  - ④ -Motor/trophic:
    - I. Decreased range of motion
    - II. Motor dysfunction (weakness, tremor, dystonia)
    - III. Trophic changes (hair, nail, skin)
3. At the time of evaluation must **display on exam at least 1 sign in 2** or more of the same categories.
4. In addition there is **NO other diagnosis** that better explains the signs and symptoms.

### Complex Regional Pain Syndrome - CRPS

#### Interdisciplinary Treatment

- Rehabilitation therapies: PT and OT
- Health psychology
  - Address compounding factors
  - Help develop coping skills
  - Individual and group counseling
- Education (pain and body physiology)
- Medication management
- Diagnostic & Therapeutic Interventions/Procedures
  - Sympathetic blocks
  - Spinal cord stimulator

### Cancer-related Pain Therapeutic Interventional Techniques

- Neuroablation techniques
  - Intercostal nerves
  - Celiac plexus
  - Superior hypogastric plexus
- Implantable therapies
  - Intrathecal drug delivery devices