



**Monday through Friday**  
8:00 A.M. to 8:00 P.M.

**Saturdays & Holidays**  
9:00 A.M. to 1:00 P.M.

**Sundays & Christmas**  
Noon to 4:00 P.M.

## ***IT'S ABOUT PAIN***

A monthly service of Kirkpatrick Family Care

Vol 1, Number 9, May 2017

---

---

### **SURGICAL TREATMENT OF COMMON PAIN PROBLEMS**

I'd say about 80% of patients will always select surgical cure over ongoing medical management, which usually provides only partial relief of symptoms. So, this issue of *It's About Pain* is devoted to surgical treatments of chronic pain.

**The basic premise of surgery, is to eliminate the cause of pain.** This is sometimes feasible; we've seen:

- Many cures of spinal pain by removal of bone spurs or bulging discs that compress nerve roots.
- Painful bone tumors (or parts of limbs containing them) resected.
- Fractures pinned or braced, either with metal devices or bone grafts.
- Vascular surgery bypassing or unplugging blocked arteries that cause pain because of impaired circulation to a limb (sort of like a heart attack of a foot).
- Compressed nerves, such as the median nerve, can be released by lancing the carpal ligament.
- Compressed ulnar nerves can be moved away from bone spurs (translocation)

But **operations can also palliate or mitigate pain** in other and indirect ways.

- Spinal cord stimulators can be inserted into the spinal canal area, so as to deliver vibration that disguises or blocks recognition of pain up the spinal cord and into pain centers in the brain.
- Pumps that contain morphine or hydromorphone can be placed near the spine, so that they slowly dispense narcotic into the spinal cord region, again in an effort to cover up the pain. Pain specialists refill the containers periodically.
- Rhizotomies involve cutting into the spinal cord, to interrupt pathways that carry messages from diseased or damaged tissues, to the brain.
- Microscopic neurosurgical techniques can, at least in theory, zap pain centers so that pain is not detected.

Unfortunately, these procedures are very expensive, and occasionally cause significant consequences both of the procedure itself, and complications such as infections, scar tissue, and so forth. And, despite all the buzz about the evils of narcotics, all too often these procedures are NOT covered and the patient is left to pay out-of-pocket, maybe as much as \$75,000. Prices need to fall and coverage needs to improve!