



London Pain Clinic

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# Minimally Invasive Pain Management Procedures

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*Patients' Guide to Treatment*

**Pre- and post-procedure advice and information regarding your treatment and your time in hospital**

## About London Pain Clinic

London Pain Clinic operates as an independent multidisciplinary team for the management of patients with painful conditions. Our team is led by the Clinical Director, Dr Christopher A Jenner, Consultant in Pain Medicine (pictured).



We provide pain management, rehabilitation and treatment, allowing restoration to a productive life. If you suffer from spinal, joint, musculoskeletal, nerve or muscular pain, London Pain Clinic offers rapid, accurate diagnosis, expert advice and access to the latest treatments.

We bring together a team of multidisciplinary pain specialists, specialist pain physical therapists and clinical pain psychologists with sophisticated technology, including high resolution MRI scanning.

Whether you have been suffering over a period of time or have recently experienced pain, London Pain Clinic can help you find the cause and give you effective and fast relief.

## Pre-Admission Information

### **Eating and Drinking (Nil by Mouth period)**

You should not eat anything for 6 hours before your procedure, but you can sip a small amount of clear fluid (i.e. not milk) up to 2 hours before your procedure.

### **Medication**

Please inform your admitting nurse before your procedure if you are on any blood thinning medications, including Rivaroxaban, Warfarin, Heparin, Clopidogrel or Aspirin. **IMPORTANT: You should stop taking Clopidogrel / Aspirin 7-10 days prior to your procedure and Warfarin / Rivaroxaban 3-4 days prior to your procedure, as there can be a small risk of bleeding in the nerve roots. Please check directly with your prescribing physician that you are safe to stop your medication for the duration recommended.**

### **Consent**

Before your procedure you will be seen by your Consultant and your Anaesthetist who will explain the procedures, the risks and benefits, and obtain informed consent. They will also be able to answer any other questions you may have.

### **Allergies**

Please inform the clinic and your admitting nurse of any drug allergies (especially local anaesthetics) prior to your procedure.

### **Patients with cardiac devices**

If you have a pacemaker or other cardiac device fitted *and are having radiofrequency treatment*, you will need to have this deactivated pre-procedure and reactivated afterwards. Please discuss this with your cardiac specialist and let us know if you have any specific requirements or if they have any recommendations. We will need the details of the type/model of device and date fitted.

### **Diabetic Patients**

The majority of procedures involve the injection of steroid preparations, including Depo-Medrone and Triamcinolone. Steroid preparations can cause an elevation of blood glucose, usually for a few days post-injection. It is recommended that you regularly monitor your blood glucose level and if necessary consult with your GP/diabetes specialist/practice nurse. In some cases no action is required, in other cases oral hypoglycaemics may need the dose adjusting upwards and in other cases, insulin dosages may need to be adjusted or short-acting insulin may need to be introduced until the blood glucose stabilises. If you are diabetic please tell your Consultant before the procedure so that he can advise you further.

### **Information for Females**

The Hospital will need to know the start date of your last menstrual period due to the use of x ray equipment. If you think you may be pregnant, please contact us in advance of your procedure.

### **Sedation**

If you are having sedation, this will involve a small, intravenous cannula being inserted at the beginning of the procedure, through which light sedation is administered. The aim of the sedation is to make you feel calm and relaxed. In addition to sedation, all patients receive local anaesthesia to

the site of the procedure. You will be sedated as much or as little as your Consultant and the Anaesthetist deem necessary at the time.

### **Location**

All daycase procedures are carried out in theatre by your Consultant at the Weymouth Street Hospital. The Admissions Team telephone number is 0203 075 2332. You will be sent all pre-admission details directly from the hospital prior to your scheduled treatment. Please refer to this information when received which will fully detail all you need to know about the arrangements for your treatment and your admission to hospital. If you do not receive this, please contact the Bookings Office on 0203 075 2332 as it contains essential information you will need to read.

In the event of cancellation please notify the hospital a minimum of 48 hours prior to surgery otherwise they may apply a fee.

If your circumstances change and you find that you are no longer able to attend for your treatment, please let us know as soon as possible so that we can reschedule the appointment for you to a more convenient date and time. Please note that if you do not contact the London Pain Clinic at least 24 hours prior and/or fail to attend this appointment, you will still be charged the the Consultant's fee (other than in extenuating circumstances). IF YOU NEED TO MAKE CONTACT ON THE DAY OF THE APPOINTMENT **AFTER 5 PM**, please call the Hospital Admissions Team directly on 0207 935 1200 (as the London Pain Clinic office closes at 5pm).

If you have any other questions regarding your admission or the hospital you can call the Admissions Team on 0203 075 2332 but otherwise all information regarding the hospital can be viewed at: <https://www.weymouthstreethospital.com/>

### **On arrival at hospital**

On admission to the hospital you will be shown to your room. You will receive full and detailed pre-admission information from the hospital by email a few days prior to your admission.

**IMPORTANT re the timing of procedures:** PLEASE NOTE that hospital admission times are approximate and that patients may be admitted on a staggered basis. Please arrive at the time on your admission letter/email from the Hospital. **Your Consultant may be treating patients in theatre until as late as 8pm so please plan on being at the hospital for the duration of the evening - please bring reading material and digital devices if required.** Thank you in advance for your patience and understanding.

### **On discharge from hospital**

You will receive a discharge summary from the Hospital. Please be aware that any extra procedures not pre-booked and specified above, as well as any take home medication, physiotherapy aids, histology costs or food and beverages for any visitors must be paid in full before discharge.

## **Funding**

On booking your treatment you will be given full details of your procedure including a quote if you are self funding, or procedure codes with which to approach your insurer in order to arrange authorisation. If you have not yet been given this information please telephone the clinic on 0207 118 0250.

The cost of your treatment will comprise three elements; the hospital fees (including any charges for substances i.e. Synvisc, Botox etc.), your Consultant's fee and the anaesthetist's fee.

### **Insured patients:**

If you are insured you will need to provide full insurance details including a pre-authorisation code prior to the day of your admission. Any shortfalls or declines in cover are the responsibility of the patient and as such, should any insurance claim or part thereof fail, the patient is expected to pay the outstanding balance in full.

### **Self-funding patients:**

If you are self-funding you will need to pay your Consultant's fees and the anaesthetic fees by credit or debit card over the telephone to the London Pain Clinic (on 0207 118 0250) in full at least three days in advance of your treatment. You can pay your hospital fees directly to the hospital on admission on the day of your treatment, or in advance by card payment over the telephone. Other alternatives include payment by cheque or BACS transfer (both of which must be 10 days in advance). You can request a receipted invoice for any payments made if you need one.



## Procedures

The following procedures are commonly performed on the cervical (neck), thoracic (mid-back) and lumbar (lower back) spine and include epidurals, facet joint injections, sacroiliac joint injections, nerve root injections, and radiofrequency treatment. All of these procedures are performed using precision x ray guidance with the exception of lumbar epidurals.

### **Epidural**

This is a simple injection into the epidural space, which aims to reduce pain associated with prolapsed or damaged intervertebral discs or from the irritation of nerve roots.

The procedure is performed with the patient lying on their side with their knees tucked in up to their chest and their head bent down.

Antiseptic solution is sprayed onto the skin to clean it. A small amount of local anaesthetic is infiltrated into the skin and a fine epidural needle is carefully inserted into the epidural space. A volume of local anaesthetic and steroid (Triamcinolone or Depo-Medrone) is then instilled.

### **Facet Joint Injections**

This is an injection into and around the small facet joints at the back of the spine, which aims to reduce swelling and inflammation around these joints and can be extremely effective in reducing pain. This procedure is performed with the patient lying on their front.

Antiseptic solution is sprayed onto the skin to clean it. A small amount of local anaesthetic is then infiltrated into the skin and a very fine needle is directed down to the facet joints. A volume of local anaesthetic and steroid (Triamcinolone or Depo-Medrone) is then carefully instilled into and around the facet joint.

### **Sacroiliac Joint Injection**

This is an injection into the sacroiliac joint, a large joint at the base of the spine, which articulates between the sacrum and the pelvis. This injection aims to reduce pain due to inflammation of this joint.

Antiseptic solution is sprayed onto the skin to clean it. A small amount of local anaesthetic is then infiltrated into the skin and a very fine needle is directed down to the sacroiliac joint. A volume of local anaesthetic and steroid (Triamcinolone or Depo-Medrone) is then carefully instilled into the sacroiliac joint.

### **Nerve Root Injection**

This is an injection around the nerve roots. These nerves stem from the spine and run out through spaces in the vertebrae and down into the limbs. The aim of injecting around the nerve roots is to reduce pain and neurological symptoms such as paraesthesia and pins and needles associated with inflammation of the nerve roots.

Antiseptic solution is sprayed onto the skin to clean it. A small amount of local anaesthetic is the infiltrated into the skin and a very fine needle is directed down to the nerve roots. A volume of local

anaesthetic and steroid (Triamcinolone or Depo-Medrone) is then carefully instilled around the nerve root.

### **Radiofrequency Techniques**

There are 2 types of radiofrequency, 'radiofrequency denervation' and 'pulsed radiofrequency':

Radiofrequency involves passing an electrical current down a special radiofrequency probe. This causes heating of the tissues close to the tip of the probe and also creates an electrical field around it. It is likely that both of these mechanisms play a part in the effect of radiofrequency treatment.

**Radiofrequency Denervation:** This is a technique used to accurately target the tiny nerves that serve facet joints and that can mediate pain.

**Pulsed Radiofrequency:** This is a non-destructive form of radiofrequency, which is used for the management of patients with nerve-related pain.

During both these procedures, there is an initial stimulation phase that feels like a deep pulsing sensation in order to locate the nerve in question.

### **Trigger Point Injections**

A trigger point is a knot or a tight, ropy band of muscle that forms when muscles fails to relax as normal muscle should. Trigger point injections are injections of local anaesthetic (numbing) medication, saline, and/or cortisone, and/or Botulinum Toxin A into the trigger point(s). The aim of a trigger point injection is to relax the area of intense muscle spasm.

The trigger point can trap or irritate surrounding nerves and cause referred pain, which is felt in another part of the body. Scar tissue, loss of range of motion and weakness may also develop over time. Trigger-point injections (TPI) have been shown to be one of the most effective treatment modalities to inactivate trigger points and provide prompt relief of symptoms. Many muscle groups, especially those in the arms, legs, lower back and neck are treated by this method. TPIs can also be used to treat Fibromyalgia (myofascial Pain Syndrome) and tension headaches.

A small needle is inserted into the trigger point and a local anaesthetic such as Lidocaine is injected, with or without a corticosteroid. Injection of such medication inactivates the trigger point and thus alleviates pain.

## Essential Guidance

### **Recovery**

Once the procedure has been completed, you will be taken to the recovery area and, when you are more awake, to your private room. Once you are up, about and able to eat and drink, you will be able to go home. You should allow at least 1-3 hours before leaving the hospital after your procedure. You may well feel tired for the rest of the day following your procedure as a result of the sedation.

### **Benefits**

The main benefits of pain management procedures include pain relief (or a reduction in pain), increased mobility and range of movement, and an improvement in quality of life.

### **Adverse Effects**

There is the possibility of adverse effects with any medical procedure however minimally invasive pain management procedures have relatively few adverse effects. Occasionally, patients may have some discomfort at the site of injection - this is quite common and can last up to a few hours. It is due to the effects of local anaesthesia on nerves and is reversible after a few hours. This is usually amenable to over the counter preparations, including Paracetamol, Codeine, Ibuprofen or similar. If you require further information regarding this, please ask your nurse or medical practitioner. Temporary numbness, weakness, pins and needles in the affected limb and mild discomfort at the treatment site can all occur for a couple of days following the procedure. Patients often have a small bruise at the site of the injection.

### **Uncommon Adverse Effects**

These are temporary and self-limiting adverse effects and include the following:

#### **Local pain at the site of the injection**

This can occasionally occur due to local bruising or muscle spasm and will settle down in a couple of days. There is no evidence that having an epidural steroid injection causes back pain in the long term.

#### **Worse Pain that occurs *rarely*:**

As with all treatments, there is a possibility that your pain may worsen, particularly in the first few days following the injection. However, these are rare:

#### **Headache**

Very occasionally, 1 in 500 people may experience a special type of headache, called a "spinal headache". This occurs if the membrane, called the dura, is punctured and there is a leak of fluid from around the spine. This adverse effect is not dangerous but it can lead to a headache following the injection. It is most important that you remain absolutely still during the procedure to reduce the risk of this occurring.

#### **Steroid effects**

Very occasionally, patients can suffer with facial flushing, increased appetite and raised blood glucose (in diabetics), although these tend to be self-limiting and may only last a day or two following the injection.



### **Infection (occurring in less than 0.01% of cases)**

Serious infections include the development of an epidural abscess. This is a rare risk and is completely minimised by the use of strict sterile techniques including antiseptic sprays, sterile procedure packs, sterile gloves and gowns etc.

### **Bleeding**

For those patients taking blood thinning agents (for example Aspirin, Warfarin, Clopidogrel, Heparin) they are more likely to bleed/bruise locally from the puncture sites.

### **Haematoma**

Very rarely excessive bleeding can occur in the epidural space. In this instance, an epidural haematoma can form.

Again, this is far more likely in those patients who are either on blood thinning agents (for example Aspirin, Warfarin, Clopidogrel, Heparin) or who have abnormal blood clotting. Again, if you are taking any blood thinning agents, including Warfarin, Heparin, Clopidogrel or Aspirin, please inform your admitting nurse prior to the procedure.

### **Nerve damage**

There is a risk of damage to nerves by these procedures. However, the risk is very low and the incidents of permanent nerve damage are extremely rare.

### **Spinal anaesthesia**

This is a rare complication in which local anaesthetic mixes with the fluid around the spine. Should this happen, you may experience temporary reduction in power and sensation in the limbs and occasionally patients may have a reduction in the level of consciousness. This is a very rare occurrence. However, where it does occur, the full facilities are immediately available to manage this. Where this does occur, patients will have to stay longer in hospital before being discharged.

### **Anaphylaxis**

This is a severe but extremely rare allergic reaction caused by injection of local anaesthetic. If you have any drug allergies, in particular to local anaesthetics, please inform your nurse and medical practitioner prior to your procedure.

### **Failure**

An injection failing to provide symptomatic relief.

## **After your procedure**

Take things easy for the rest of the day. Do not participate in excessive exercise or heavy work/activity in the first few days. Continue to take your analgesic medication until you notice improvement in your symptoms, which may take 10-14 days, or sometimes longer.

It would be preferable if you can arrange for a relative or friend to accompany you home following your procedure, for the simple reasons of comfort and safety. **You must not drive following your procedure.**

If your pain management procedure is part of a wider treatment plan including physical therapy and/or pain psychology, ensure that you continue with this in order to derive the maximum possible benefit from your treatment. You should refrain from physical therapy for around one week following your procedure to allow your body to rest and recover. **If physical therapy is part of your recommended pain management plan, it is imperative not to delay this following your week of rest, as you will need to optimise your 'pain-free window' with mobilisation and prescribed exercises.**

As a general rule, where patients have a good response to their minimally invasive procedure, pain relief should normally last at least 6 months and radiofrequency denervation 9-12 months. Sometimes, it may be necessary to repeat the procedure.

You should contact the Clinic Team on 0207 118 0250 if you have a persistent headache, pain that is not controllable with your prescribed medication, if you feel nauseous or if you experience bowel or bladder problems.

## FAQs

### **How will I be sedated?**

If you are being sedated, an anaesthetic agent together with a fast-acting, strong painkiller will be administered intravenously. You will be sedated as much or little as is necessary by your Consultant Anaesthetist, and this will be dependent upon what the procedure is and your physiology/history.

Your Consultant will talk to you through your treatment and you will only receive as much sedation as you require. In addition to sedation you receive local anaesthesia to the treatment site.

All of our Anaesthetists are Consultants and the patient experience is exceptional in this regard.

Your Consultant is always happy to discuss the issue of sedation, or anything related to your procedure with you at the hospital before your procedure commences.

You must not drive home following your sedation until you have at least had a night's sleep – it is preferable for you to wait a full 24 hours before driving.

### **What are the success rates of the pain management procedures you offer?**

As with all medical and surgical procedures, no guarantees can be offered, as the benefit derived will differ from person to person, dependent upon many different physiological variables.

We can however assure you that approximately 65% of patients experience a minimum of 40% reduction in pain for around six months having undergone a pain management procedure such as injections, or for around 9-12 months following radiofrequency treatment.

The need for any repeat procedure would depend on your personal benefit derived from the treatment and this would need to be evaluated post-procedure, usually at your four week review.

### **How long will my procedure take and how long will I be in hospital for?**

Most procedures take no longer than 30-45 minutes. You will be admitted 1-2 hours prior to the start of your Consultant's list, following which the order of the list will be determined based on certain factors such as whether there are any diabetic or elderly patients, or whether patients are taking certain medications. Following your procedures, you will be required to stay on the ward for approximately 2-4 hours for observation purposes following your sedation. We recommend that someone accompanies you home, for comfort and safety.

### **Do I need to tell you about any medication I am taking or any medical conditions that I have?**

**YES please – this is absolutely critical. IMPORTANT:** Please inform the Clinic team before your treatment date if you are on any blood thinning medications, including Warfarin, Heparin, Clopidogrel, Rivaroxaban or Aspirin.

You should stop taking Clopidogrel / Aspirin 7-10 days prior to your procedure and Warfarin / Rivaroxaban 3-4 days prior to your procedure, as there can be a small risk of bleeding in the nerve roots. **Please check directly with your prescribing physician that you are safe to stop your medication for the duration recommended.**

**Please also email or telephone us provide the following information in order that the information we provide to the hospital when we book you in is accurate and current:**

1. ALL current medications and dosages
2. Medical conditions
3. Allergies

You must also tell us if you have a pacemaker or cardiac device fitted – please see below.

### **Why am I still in pain when I had my pain management procedure nearly two weeks ago?**

Most patients' post-procedural discomfort and pain settles within a week or sometimes up to two, but *very occasionally* some patients need up to four weeks for this to completely subside. Within two weeks, most patients are without any post-procedural pain, by which time the benefits should start to become very evident. You should continue with your medication as usual following your treatment.

## **Important Additional Information**

**Please contact the clinic upon receipt of this information to provide the following in order that the details we provide to the hospital are accurate and current:**

- 1. Current medications and dosages**
- 2. Medical conditions**
- 3. Details of any pacemaker in situ or other cardiac devices (if having radiofrequency treatment)\***
- 4. Allergies**
- 5. GP details**

Please ensure that we have your current GP/primary care doctor's details as we will need to write to them directly following your procedure to keep them updated regarding your treatment plan. This is a mandatory clinic requirement - many thanks.

If you have any further questions on the day of your treatment, please discuss these with your admitting nurse or your Consultant prior to treatment.

We look forward to seeing you and answering any questions you may have. If you have any problems, please contact the Pain Clinic on 0207 118 0250.

If you would like to discuss the risks and benefits of your procedure in more detail, or have any other questions about your procedure, which have not been answered in this leaflet, please discuss these with your Consultant before your procedure.

A follow up appointment will usually be arranged in clinic 4-6 weeks following your procedure, when your Consultant will review your progress and symptoms.

Yours sincerely,

*The London Pain Clinic Team*

**Please note: If you have medical insurance, you are required to provide a valid pre-authorisation/approval number prior to your consultation. If your insurance company do not authorise your consultation, you will be responsible for our fee. Please note also, that if your insurance company do not authorise full payment, you will be responsible for any shortfall. Please refer to our Terms and Conditions for further details.**

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