



LondonPainClinic
9 Harley Street, London, W1G 9QY

INTRAVENOUS (IV) LIDOCAINE AND KETAMINE INFUSIONS

Neuropathic pain is defined as pain resulting from damage to the peripheral or central nervous system. It can occur as a result of a number of conditions such as surgery, head trauma, stroke, spinal cord injury, neuropathy and complex regional pain syndrome. If these conditions cause damage to sensory nerve pathways, neuropathic pain can result.

Intravenous (IV) lidocaine, a local anaesthetic, has been used for years and lately there has been renewed interest in this treatment for neuropathic pain. Published study results indicate that it is generally very safe and effective. Intravenous ketamine therapy has also been shown to be safe and effective, notably for patients with CRPS and those with medically-resistant depression. We often combine both lidocaine and ketamine for dual benefit, but at times will start with one agent.

PROCEDURE: An intravenous drip will be started. Prior to the infusion you will be given instructions and asked to determine your baseline pain level. During the infusion, we will monitor your vital signs and manage any side effects. The dose of lidocaine to be infused is calculated based on your weight. The lidocaine infusion is given over 45 minutes, but the whole visit takes approximately 1-1 1/2 hours. Ketamine infusions are booked for 2-4 hours and are normally used for patients with acute CRPS or poorly responsive to lidocaine infusions. Infusions are performed in a room with other patients, so please respect others by speaking quietly and avoiding discussion of personal information.

POSSIBLE SIDE EFFECTS: Serious side effects or complications are very rare. Possible side effects from lidocaine infusion are numbness around the mouth, tingling, light headedness, nausea and urinary frequency, as well as bleeding or bruising from the IV site. These side effects, if they occur, usually disappear quickly once the infusion is slowed or stopped. Potential rare complications of lidocaine infusion include low blood pressure and fainting, seizure, respiratory depression, cardiac arrhythmia, allergic reaction, or extremely rare death. Chances of serious adverse reactions or complications are VERY rare, but we ask you to let us know if you have any history of allergies to lidocaine or any cardiac problems, abnormal ECG or seizure disorder. Side effects of ketamine can include feeling unwell, strange or bad thoughts, fast heart rate and high blood pressure. These are generally mild in the low doses used for neuropathic pain and disappear soon after the infusion.

PREPARATION FOR TREATMENT.

You must be accompanied by a relative or friend to drive you home after the infusion, even if you take public transit or a taxi. Expect not to drive for 24 hours following an infusion due to the effects of the ketamine or sedative, if required. In exceptional circumstances, you can leave safely on your own following a plain lidocaine infusion after 1-2 hours following infusion.

Be sure to drink plenty of fluid the day before your treatment. Although fasting is not mandatory, try to eat only a light snack (e.g. toast, crackers) at least 4 hours before your infusion and avoid heavy food. Take ALL regularly prescribed medicine on the day of treatment unless instructed differently. Do not stop blood thinner unless you are so booked for a spinal injection.

*****BRING MUSIC/HEADPHONE SO EAR PLUGS TO HELP RELAX, AND AVOID SPEAKING LOUDLY, WHICH CAN DISTURB OTHER PATIENTS***

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TREATMENT OUTCOME:

Although results vary ,most people report more than 50% improvement in their pain immediately after the lidocaine infusion, and the results last at least three weeks in the majority of patients .We will measure how much improvement you report in your pain from before to the end of the infusion. If you have a successful outcome, this procedure can be repeated, usually every 2 months or so, sometimes more frequently for exceptional need. Weekly infusions may be suggested for new onset high risk conditions, such as CRPS or Persistent Post- SurgicalPain.