



MEDANTA INSTITUTE
OF NEUROSCIENCES

PATIENT
INFORMATION

MEDANTA PAIN CLINIC



Everyone has experienced pain sometime in life associated with damage or injury to our body parts and we expect it to get better once healing has occurred. Such pain which gets better with healing within acceptable timeframe is called acute pain.

On the other hand the pain which persists beyond the normal healing timeframe and is still present three months after the damage or injury is called Chronic Pain. Chronic pain can cause disability and may have multiple implications on patient's life in the form of depression, Anxiety, Relationship and Performance issues.

Pain Medicine has developed as a specialty over the past few decades.

We aim to use technique and technology to treat pain and try to help people come to terms with chronic pain and improve their quality of life.

Pain Medicine Consultant

Dr Raj Kumar

Functional Neurosurgeon

Dr Anirban Deep Banerjee

Consultant Psychologist

Dr Akanksha Batra

Radiation Oncologist

Dr Manoj Tayal

Medical Oncologist

Dr Devender Sharma

Spinal Pain

Most of the patients visiting pain clinic have a complaint of either Back or Neck pain, which if not treated well can become a long term problem with various psychosocial issues.

Some times Back or Neck pain can radiate to legs or arms due to nerve compression also known as Sciatica. In some patients, such pain can be treated with pain killing injections of small dose steroid around the nerve.

We have a great deal of experience treating such pains.

Medanta Pain clinic has developed a robust multidisciplinary program for management of such patients where we investigate and treat such patients.

The treatment options include Medications, Physiotherapy, Inhouse Rehabilitation program and injections.

Headache and Facial Pain

Medanta Pain Centre also caters to patients with Chronic Headache and facial pain in a multi-disciplinary manner involving the Neurologists / Neuro-Surgeons and/or Psychologists, as these pains are very distressing for the patients.

The most common cause for headache is either Tension Headache or Migraine and the most common cause for facial pain is Trigeminal Neuralgia.

Management of such patients involves various investigations e.g. MRI to find out the cause and chart out the treatment plan.

Most patients with headache can be treated with regular medications, while Surgery may be the best option in patients with Trigeminal Neuralgia.

Some patients who either do not respond / partially respond to medications and those who do not want to undergo surgery or are poor candidates for surgery can be helped with injections, heating or stimulating the pain causing nerves e.g. Radio-Frequency ablation of Trigeminal Ganglion for Trigeminal Neuralgia and Occipital nerve injection / stimulation for patients with Chronic Migraine.

Neuropathic Pain (Nerve Pain)

Neuropathic pain (nerve pain) is a common type of chronic pain caused by disease or damage of nerve e.g. CRPS (Complex Regional Pain Syndrome), Brachial Plexus injury, Trigeminal Neuralgia, Post-Herpetic Neuralgia, Post back / Neck surgery syndrome (Failed back syndrome / Failed neck syndrome), Spinal Cord injury syndrome, Post stroke pain, Chronic Migraine, Cluster headaches.

The pain is typically described as burning, aching or like electric shocks felt in the area supplied by the affected nerve. Some patients can have pins & needles, numbness and weakness caused by the damaged nerve.

Chronic nerve pain can cripple the body, mind and soul.

Nerve pain is treated differently from other pains as they are usually severe in nature and respond poorly even to high doses of medications, which patients usually do not tolerate.

We at Medanta offer a holistic, comprehensive treatment approach which includes various treatment options for such patients e.g. Individualized medication prescription and escalation plan to avoid side effects and Sympathectomy and Neuro-Modulation techniques i.e. Spinal Cord Stimulation, Peripheral Nerve Stimulation and Intrathecal drug delivery system implantation, in patients who do not tolerate medication or who do not respond to medical management.

Cancer Pain Management

Medanta Pain clinic works closely with medical, surgical and radiation oncology departments for comprehensive management of patients with cancer pain, as about 90% of these patients suffer from pain and with specialised care and treatment 90% of the patient can be managed.

Main causes of pain are cancer itself and the treatment received to treat cancer.

The management of cancer pain includes decreasing the burden of the disease with medicines / surgery or radiation and treatment of pain according to the WHO ladder.

This ladder emphasises treatment by oral medications e.g. Morphine and other adjuvants as far as possible and most of the patients can be managed with medicines only.

There are some patients who do not respond or partially respond to medicines or show intolerable side effects. These patient can be helped with various interventional techniques available in the pain clinic.

Interventional options available in Pain Clinic include

Injections e.g. Celiac plexus / Splanchnic plexus alcoholic ablation for cancer pain of upper abdomen, Superior mesenteric plexus block for cancer pain originating from pelvic organ cancers

Implants e.g. Intra-thecal morphine pump and Spinal cord stimulator in patients with cancer pain may be an option in patients with longer life expectancy as these devices work for long period with excellent pain relief.

Spinal surgical treatment e.g. Vertebroplasty and Kyphoplasty in patients complaining of back pain due to spread of disease to back bone is offered. This procedure is done along with the neuro-surgical team.

Neuro-Modulation

Neuro-Modulation is an innovative device-based treatment of chronic nerve pain occurring due to accident, prior surgery or disease or entrapment of nerves.

Such pains are invariably resistant to various medications, physiotherapy or rehabilitation programmes available.

Neuromodulation technique involves implanting electrical devices or drug delivery systems within the body to treat such pain.

Electrodes can be implanted next to nerves (Peripheral Nerve Stimulation), the spinal cord (Spinal Cord Stimulation) or within the brain (Deep Brain Stimulation / Motor Cortex Stimulation), so that the pain pathways can be modulated.

The drug delivery system (pump) delivers pain killers directly into the spinal cord improving the effectiveness of the drugs and reducing side effects.

All of the implants mentioned above are offered only following the comprehensive assessment by neuromodulation team involving pain Physician, Neurosurgeon, Neuro-psychiatrist and Physiotherapist & Rehabilitation Physician.

Medanta Neuro-Modulation program is one of the most advanced in the country.

Spinal cord stimulation (SCS) and Peripheral Nerve Stimulation (PNS) are used mainly to treat nerve pains in the arms or legs or back, which have not improved with previous conventional surgery or other treatment modalities. A special electrode is placed over the spinal cord or the culprit-nerve, respectively and following a successful trial period, is connected to a tiny battery implanted under the skin. A soothing sensation is produced in the painful area which relieves the pain.

SCS treatment can also be used for complex regional pain syndrome (CRPS) and nerve pain following prior surgery.

In conjunction with other specialities we also implant SCS for bowel and bladder control problems which is called SNS (Sacral Nerve Stimulator).

Intrathecal pumps deliver medicines directly in to the spinal fluid of the spinal cord to ease pain or muscle spasm. This treatment can be useful for some patients with severe chronic pain due to Cancer or Spasticity.



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