

EPIDURAL STEROID INJECTIONS SERIES

Epidural steroid injections have been found to be very effective in the treatment of back pain. The fluoroscopic-guided injection of steroids into the epidural space acts to decrease inflammation and reduce nerve irritation, allowing for quick recovery from debilitating pain and an early start to rehabilitation. Epidural steroids have been shown to have the greatest success in treating cervical and lumbar radiculopathy, but are often effective in treating back pain from other causes. They are done on an ambulatory basis, with or without conscious sedation. Patients can expect minor discomfort from the needle puncture, with beneficial effects beginning as quickly as 24 to 48 hours after treatment.

MATRIX THERAPY

Matrix therapy uses pleasant, externally applied, computer generated electro-medical treatment that reduces pain, relaxes spasms and improves blood flow. This is combined with massage, acupressure, and holistic modalities to bring relief and healing.

TRIGGER POINT INJECTION THERAPY

When muscles spasm, they can become locked. This results in calcified fibrotic muscle tissue that becomes painful and causes adjacent muscle spasm. By injecting bupivacaine into the trigger point of the locked muscle, the muscle is unlocked, relieving pain, healing the muscle, and relaxing the spasm.

DEEP TISSUE MASSAGE WITH AXIAL STRETCH/STRENGTHENING

Using specialized medical massage techniques with spine stretching and a home restorative exercise program, patients become active participants in recovery from injury and spine degeneration.

EPIDURAL LYSIS OF ADHESIONS

This very successful technique for the treatment of back pain involves the use of a specially designed RACZ catheter. The catheter is inserted into the epidural space and directed to the area of pain or inflammation. This method is particularly successful in the removal of epidural adhesions which block medication from reaching the inflamed area. After the catheter has been inserted, the physician will administer medication through it directly to the site of the pain. The problem area is treated with a combination of enzymatic dissolution, saline irrigation, steroid placement or local anesthetic administration.

SYNVISC/ORTHOVISC/EUFLEXXA

These hyaline based drugs are used for osteoarthritic knees. They are injected by a physician into the synovial fluid compartment and effectively help regenerate cartilage, lubricate, and cushion the knee joint.

PERCUTANEOUS DISC DECOMPRESSION

Contained herniated discs which are not responsive to conservative treatments, can be improved by removing a small amount of the disc material. This is done as an ambulatory procedure under fluoroscopy, where a needle-like probe is advanced into the disc removing some of the nucleus pulposus. This minimally invasive procedure takes about twenty minutes and is done under local anesthesia.

MYOBLOC AND BOTOX THERAPY

Severe spasm that is not responsive to treatments such as physical therapy, muscle relaxants, and trigger point injections may often respond to botox therapy. This small injection inactivates the ACh receptor on the muscle bringing about prolonged muscle relaxation. Within about a month, the pain that is caused by the muscle spasm improves. Side effects are rare and may include temporary dry mouth, pain on injection site, difficulty swallowing, and muscle weakness. Botox therapy has also been found to be effective for headaches, sweating, cervical dystonia, muscle twitches, and cosmetic wrinkles.

FIBEROPTIC MYELOSCOPY

Fiberoptic myeloscopy is a new procedure recently approved by the FDA. This approach to spine care allows for direct imaging of the epidural space via access through the sacral hiatus. The myeloscope can be used to diagnose specific spinal pathologies and treat them via nerve root injections of saline, steroids and/or local anesthetics.



RECENT ADVANCES IN PAIN MANAGEMENT

RADIOFREQUENCY FACET TREATMENT

Arthritis in the spine may be brought on by osteoarthritis, disc herniation, or spine surgery. By placing a small radiofrequency probe at the location of the arthritis, a numbing energy can be delivered to the facet joint which reduces pain. This injection may cause minor discomfort and spasm at the treatment location. Prolonged relief may be achieved after 3 to 4 weeks.

NERVE REPROGRAMMING USING PULSE RADIOFREQUENCY TREATMENT

New technology has been developed that uses a computer generated pulse radiofrequency signal that is used to reduce nerve pain. By placing a special computer probe onto the painful nerve or ganglion, the nerve can be effectively reprogrammed and pain relief achieved. Pulse radiofrequency has been very effective in the treatment of neuromas, diabetic neuropathy, HIV neuropathy, sciatica, reflex sympathetic dystrophy, nerve injury, and ischemia.

SUBOXONE

Suboxone is a partial opiod agonist that has been used for standard pain management for many years. In 2000, suboxone was approved for the treatment of opiate dependence in private office settings. It has been especially successful in the rapid detox of patients overusing drugs like oxycontin and vicodin. Occasionally patients with legitimate causes of pain become unable to control their medication use. This may be due to previous dependency issues, depression or anxiety disorders. Suboxone has the special advantage of being a strong pain medication which is resistant to patient escalation of dose. It has a beneficial ceiling effect, causes less sedation, and has a minimal street resale value. Patients that have opiate dependency issues or legitimate pain with opiate overuse may be good candidates for this treatment.

SPINAL CORD STIMULATION

Electrical neuroaugmentation of the spinal cord involves percutaneously placing an electrode into the epidural space and stimulating the dorsal columns with a high frequency, low amplitude signal to block pain. The procedure involves an initial trial, followed by permanent implantation of a small generator, which is adjusted via a remote hand-held controller. Spinal cord stimulation has been found to be useful for intractable pain due to reflex sympathetic dystrophy, arachnoiditis, failed back syndrome, radiculopathy, peripheral vascular disease and phantom limb pain.

NARCOTIC AND BACLOFEN INFUSION PUMPS

Fully implantable drug delivery systems are now available for infusing opioids and baclofen into the intrathecal space. This is very effective for the treatment of syndromes that are unresponsive to more conservative measures including spinal cord injuries, multiple sclerosis, cancer, and chronic painful conditions where patients are unable to tolerate systemic opioids.

NEUROLYSIS FOR ADVANCED CANCER PAIN

Terminal cancer patients suffering from localized pain not treatable with more conservative measures may benefit from highly specific neurolytic procedures. A neurotoxic drug is injected around the affected nerve, destroying the nerve and bringing the patient pain relief. This treatment may be appropriate in any part of the body, but has been found to be most effective in treating pancreatic, facial, rectal, lumbar plexus and chest wall tumors.

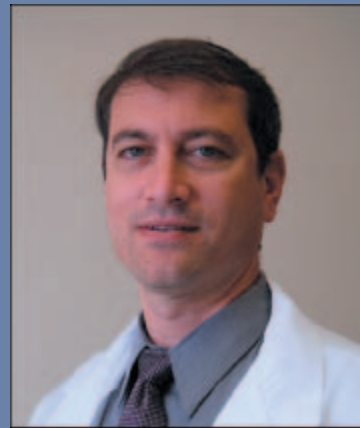
TREATING THE LAYERS OF PAIN

Injury to the spine may result in pain originating in the nerves, muscles, joints and/or bones. When more than one system is affected, treatment becomes more complicated. This type of complex pain may be brought on by many factors. Common causes may be a whiplash neck injury after a car accident or lumbar post fusion syndrome after reconstructive spine surgery. Complex injuries are worked on simultaneously with a combination of therapies and procedures to achieve maximum pain relief in the quickest amount of time. When each layer of pain is appropriately treated, the body can relax, and a physical therapy program may effectively stretch and strengthen the injured area. This results in more rapid recovery from pain, return to work and an increase in activities of daily living.



COMPREHENSIVE PAIN MANAGEMENT

GARY P. THOMAS, M.D.



CHAIM MANDELBAUM, M.D.

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GARY P. THOMAS, M.D. CHAIM MANDELBAUM, M.D.

For more information please visit:

www.nypain.net

RECOMMENDED INTERNET RESOURCES:

Diagnostic and medication information:

www.webmd.com

Information on pain management procedures:

www.painphysicians.org

Spine surgery and degenerative conditions:

www.spine-health.com

CABRINI PAIN CENTER

227 East 19th Street
New York, NY 10003
(212) 995-6495

METHODIST PAIN CENTER

408 Seventh Ave
Brooklyn, NY 11215
(718) 832-0885

**ADMINISTRATIVE &
BILLING OFFICE**

(646) 602-8030

*Affiliated with
Cabrini Medical Center,
Beth Israel Medical Center &
New York Methodist Hospital.*

*We Accept Medicare,
Workers Compensation,
No Fault & Most
Private Insurance.*

COMPREHENSIVE PAIN MANAGEMENT board certified physicians use a multidisciplinary approach to treat our patients. Dr. Gary Thomas and Dr. Chaim Mandelbaum integrate medication management, minimally invasive procedures, rehabilitation therapy, surgery, alternative medicine, stress reduction, and counseling to achieve a rapid reduction in pain and a prompt return to regular activities. The services we provide include consultation and management of pain from:

- CHRONIC ILLNESS
- ARTHRITIC PAIN
- DISC HERNIATION
- POSTLAMINECTOMY SYNDROME
 - HEADACHES
 - FACIAL PAIN
- NECK & BACK PAIN
- SPINAL STENOSIS
- FACET JOINT DEGENERATION
- MUSCLE SPASTICITY & PAIN
- REFLEX SYMPATHETIC DYSTROPHY
 - CANCER PAIN
 - NEUROPATHIES
- OCCUPATIONAL & ACCIDENTAL INJURIES
 - HIV-RELATED PAIN SYNDROMES
- MEDICATION DEPENDENCY & DETOX

We offer the resources and therapies of a major medical center with the patient care and compassion that comes from a private practice setting. We offer all traditional pain management blocks and procedures under fluoroscopic and CT guidance. This improves the accuracy of the procedure and decreases any associated risk. Patients are offered an option of no sedation, light sedation, or deep conscious sedation.