



# Pain Management Service

What do we provide?

Ashton Suite and the Pain Procedure Room



**Diagnostics and Clinical Support – Pain Management** 



@LancsHospitals

# Introduction

Welcome to Pain Management Service. You have been referred by a health care professional to the Pain Management Service at Lancashire Teaching Hospital Foundation NHS Trust (LTHTR).

Persistent (chronic) pain is very complex and impacts on many aspects of life. Our aim is to enable you to manage your pain and reduce the impact it has on your quality of life. Treating persistent pain is challenging and will vary from person to person. However, we strongly believe with our support you can make informed choices about your care that will enable you to live well despite your pain.

The following leaflet explains a little about the service, the various treatments available and how to approach 'pain management' for your long-term pain.

#### The members of the pain team include:

- Pain Consultants
- Clinical Psychologists and Psychological Wellbeing Practitioners
- Clinical Nurse Specialists and Health Care Assistants
- Specialist Physiotherapists
- The consultant pain secretaries

# Persistent (chronic) pain

Many of us have experienced pain from time to time. It usually goes away on its own or gets better with time. Persistent pain is different from short term (acute) pain. At times some pains may become long lasting, this is what we call persistent (previously known as chronic) pain. Often this pain does not have a cure. However, this pain may be eased with medication and / or managed in other ways.

## Why are you in pain?

Pain which has gone on for a long time (longer than 3-6 months) is known as persistent pain. Pain is usually due to tissue damage but sometimes pain is still there after healing and serves no useful purpose. Other pains start without obvious tissue damage and continue for no apparent reason. This does not make the pain feel any less real. Often there is no relationship between the persistent pain you have and what medical tests find.

The scientific world is still working hard to understand why some people develop persistent pain. We understand that this may be due to the pain pathways in the nervous system not working or functioning properly. This means the pain is often not easy to treat with simple painkillers and we need to take a broader approach to the management of it which is where Pain Management Services come in.

## What is the Pain Management Service?

The Pain Management Service consists of a team of doctors, nurses, physiotherapists and psychological practitioners with a special interest and training in pain management. Each patient is assessed individually, and treatments selected that are appropriate to them.

Using the information that we have received from your referring doctor, your name has been placed on a waiting list to be seen by one of the team.

You will receive a number of questionnaires to complete at various stages whilst accessing our service. These will include questions about your pain, the impact on your movement, the impact on your emotional wellbeing and your quality of life. Your responses are very important to us and will help guide your treatment plan. The sooner we receive your questionnaires back the sooner we can allocate you an appointment. Following your appointment, we will write back to the person who referred you and/or your GP with an overview of the assessment and the agreed plans for your treatment/support.

# Treatments

Some of the treatment options that you may be offered are discussed below.

# Medication

You may be prescribed different tablets or a combination of tablets. Some are conventional analgesics that will reduce pain and some are from other groups of medicines that can reduce pain in certain conditions or make conventional analgesics work more efficiently. We have consultant and nurse-led clinics where your medication may be reviewed and managed safely.

# **Drug optimisation**

The Faculty of Pain Medicine recommends that people with persistent pain should take no more than 120mg of Morphine equivalent a day (MED). There is no evidence that by taking high dose opioids long term there is an increase in pain relief, however, there is evidence that taking high dose opioids causes harm. Our drug optimisation clinics provide advice and support using a multi-disciplinary approach and together we gradually optimise and reduce your high dose medications.

# Multi-disciplinary clinics (MDT)

MDT clinics are undertaken by a pain consultant who will be accompanied by several members from the team and may include a nurse, a clinical psychologist, or a specialist physiotherapist. If you are attending this clinic, your appointment will last at least an hour.

## Pain Management Programme – PMP

A pain management programme (PMP) is an evidence-based "intervention of choice for people with persistent pain which adversely affects their quality of life" (British Pain Society, Guidelines for Pain Management Programmes for Adults, 2021).

This is a group treatment delivered by a team of Healthcare Professionals from the Pain Management Service, using education and practice sessions to help people to manage their pain and everyday activities more effectively.

The PMP consists of a series of sessions in a group of 10-15 patients all living with persistent pain. Any member of the Pain Management Service can make a referral for you to the PMP at any point during your time with the service.

# **TENS (Transcutaneous Electrical Nerve Stimulator)**

This is a battery-operated portable nerve stimulator. It can help to reduce some pains and help control symptoms. If you are referred for this treatment and opt in, there are a number of appointment options for you to trial a TENS machine which may help you to manage your pain.

### Injections

Certain pain conditions can respond well to specific injections. These, depending on the type, may be performed in the outpatient's department or in the pain procedure room which is located in the theatre department.

# Self-Acupuncture

Self-acupuncture ensures that acupuncture remains an available treatment option for our patients and patients can be taught to undertake this following a successful trial of acupuncture by our specially trained nurses.

## **Radio frequency ablation**

Radio frequency (RF) facet joint nerve ablation involves the destruction of the small nerves that supply the facet joints of the vertebrae (back bone). Similar procedures can be also undertaken close to other specific nerves.

## **Physiotherapy**

We recognise that if you are unable to be active for an extended period, due to persistent pain, it is likely that you will become physically deconditioned. Our physiotherapists are specialists in movement and, together with you, will aim to improve your confidence and ability to be active. The cycle of pain and inactivity can lead to reduced levels of fitness and has implications for your general health and wellbeing.

Physiotherapists understand that activity improvements are done at the patient's own pace and focus on the patient's own goals. They offer individual and group sessions using gentle exercise, education and self-management strategies to promote activity and improve physical strength, flexibility and stamina. The aim of treatment is to improve quality of life and break the cycle of pain and inactivity.

# **Clinical Psychology**

Persistent pain involves a number of complex factors and is recognised to have the potential to significantly impact your quality of life in many areas. The Psychological Practitioners within the Pain Management Service all provide evidence-based therapies that have been shown to reduce pain related distress and enhance quality of life with persistent pain.

Psychological Therapies within the Pain Management Service are delivered on a 1:1 and group basis, options of which are based upon an individual assessment with a qualified professional.

#### Neuromodulation

Neuromodulation involves implanting electrical devices within the body to treat persistent pain. Electrodes are implanted next to nerves or the spinal cord so pain pathways can be stimulated.

## **Contact details:**

Should you require further advice or information please contact the Pain Management Service via the secretaries contact number **01772 522687** or **01772 524185** or email <u>pain.management@lthtr.nhs.uk</u>

# Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.patient.co.uk www.accessable.co.uk www.painconcern.org.uk www.retrainpain.org www.retrainpain.org www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware www.tamethebeast.org fpm.ac.uk/sites/fpm/files/documents/2019-08/FPM-Driving-and-Painpatient-information.pdf

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

#### Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા∣કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

#### Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

#### Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

#### Punjabi:

ਜੇ ਤੁਸੀ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰੀਟਿ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

#### Urdu:

دو سر ی زیانوں او ر باڑ ی اگر آپ کو دی معلومات سمجھنے کے بائےل مدد یک ضرورت ہے تو یئچھپا یہ ی یب ابیدست ہو یسکت ہے بارا نے مہر یان ہو اے چھدی۔ معلومات

#### Arabic:

مطبو عة بأحر ف كبير ة و بلغات إذا كنتَ تـر يـد مسا عدةً فـي فهم هذه لمعلـو مات يُر جي أن .تطلـب أخرى يمـكن تـو فـير هذه المعلـو مات

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