

Bath Pain Clinic



Advice for General Practitioners

Tel 01225 824331
Fax 01225 824332

www.ruh.nhs.uk/painclinic

Introduction

The RUH Bath Pain Clinic is a full multidisciplinary clinic. We have four part-time consultants; senior nurses who provide TENS, acupuncture and symptom management; as well as rehabilitative physiotherapy and clinical psychology. We also run regular out-patient Pain Management Programmes.

We work alongside our local colleagues in Primary Care to help improve the quality of life for people who suffer from intractable pain.

This leaflet sets out to provide advice to General Practitioners, and other health professionals where appropriate, to help you to manage pain problems whenever possible. It also provides guidance for referrals.

It is not possible for the advice in this leaflet to be exhaustive, and if you have difficulties we recommend that you visit our website or contact us by letter, fax or telephone.

Referral Guidelines

Appropriate Conditions for initial referral to the Bath Pain Clinic are:

- Uncontrolled cancer pain.
- Severe neuropathic pain syndromes, such as trigeminal neuralgia, central post-stroke pain and phantom limb pain.
- Cases where delay in getting appropriate treatment may be

detrimental, for example complex regional pain syndromes.

- Acute sciatica.
- Where significant disability, distress or loss of work is due to pain.
- Degenerative disease when surgery is not appropriate, which may include widespread OA.
- Where simple interventions have not been successful.

Conditions in which further hospital assessment should be considered before referral are:

- Thoracic back pain.
- New neurological symptoms or signs (except unilateral sciatica).
- Recent trauma.
- A history of, or suggestive of, cancer.
- Inflammatory conditions such as connective tissue disorders, polyarthropathies or ankylosing spondylitis (consider referral to rheumatology).
- Intractable headache (consider referral to neurology).
- Painful conditions where treatable pathology has been inadequately assessed and excluded (consider referral to appropriate specialist).

Care Packages

We are considering the introduction of the following Care Packages to allow GPs to retain some control over the duration of referrals to the Bath Pain Clinic. Care Package choice would be made after assessment at the Pain Clinic.

Back Pain

- Consultant assessment and written recommendations.
- Consultant assessment with day case epidural or facet joint block (x-ray controlled) and two follow-up appointments.
- Consultant assessment with two follow-up appointments for review of medication.

Non-Back Pain

- Consultant assessment, treatment and two follow-up appointments for review; written recommendations for treatment in Primary or Secondary care.

Non Physician-led Care Packages

Symptom Management	4 sessions
TENS	2 sessions
Acupuncture	6 sessions
Physiotherapy	4 sessions
Pain Management Prg	8 sessions
Psychology: 1 assessment visit with recommendations to continue or for alternatives.	

Making a Referral

Having decided that referral to the Pain Clinic is appropriate, a referral can be made in one of three ways:

- Referring via the Intranet using the Pain Clinic referral form.
- Using the same form, printed from www.ruh.nhs.uk/painclinic
- Writing a letter.

We are happy to receive a referral letter, but please remember to confirm that patients who have mechanical low back

pain have been through a local Back Rehabilitation Programme (see below).

Mechanical Low Back Pain

About one third of patients who visit the RUH Bath Pain Clinic suffer from mechanical low back pain. Isolated back pain, without pain that radiates down either leg and not associated with worrying symptoms such as weight loss, is very common.

The key to management is to maintain mobility, flexibility and strength. It is much easier to ensure a return to normal activities by intervening early, and we would like all our patients to have been given simple advice to remain active. Patients should be reassured about the nature of their problem; it is very important that complete rest is kept to an absolute minimum. The Back Book (ISBN 0117029491) is a useful resource for patients with mechanical low back pain, and we recommend that they are provided with a copy before referral to the Pain Clinic. TENS is a simple intervention that may, where available, provide useful relief and early mobilisation.

The Back Pain Network provides access to early supervised exercise throughout the region. Patients should be advised to attend classes wherever possible. Local swimming pools also provide GP Referral Sessions when patients can go along and

exercise gently in warm water on the advice of their General Practitioner.

Basic Drug Treatment

When a patient first presents with pain, we initially recommend paracetamol, 1g four times a day, to see if symptoms settle. If there is evidence of a neuropathic component (such as burning pain or allodynia), or significant sleep disturbance, we recommend a trial of amitriptyline (or nortriptyline if side effects limit the use of amitriptyline). This can be taken in a gradually increasing dose from 10mg at night in increments up to a maximum of 50mg at night. It may take up to four weeks to have an effect.

If these relatively simple interventions are not successful, and where appropriate other interventions (see above) have been tried, then we would normally recommend referral to the RUH Pain Clinic. Some GPs may be confident in further management of more severe and neuropathic pain using antiepileptic or other medications, and may wish to trial such drugs before referring. However, in complex cases, our experience is that drug therapies are probably more likely to succeed if offered within the environment of a multidisciplinary Pain Clinic.

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