

When pain won't go away

New Surrey Memorial Hospital clinic tackles difficult-to-treat cases

by **Dan Ferguson**

Imagine that you are having a bad day. The dog has pooped where it shouldn't, someone scratched your car and you're running behind schedule.

Then you stub your toe. It will hurt a lot more on a miserable day than it would if the same injury occurred on a day when you've won the lottery.

"You feel it more," says Ruth Ringland. The nurse practitioner at the Surrey Memorial Hospital (SMH) pain management clinic is making a point about anxiety and how it affects an individual's experience of pain.

Now imagine the pain doesn't go away – that it becomes its own source of anxiety.

One in three people who seek medical help are suffering from some form of chronic pain, clinic director Dr. Brenda Lau says.

"If you try to treat (long-term) pain as acute pain, you will fail."

Dr. Brenda Lau

Dr. Lau is an interventional pain specialist, a Canadian who studied in Australia where the health authorities deploy considerable resources to treat chronic pain cases. She is one of just two Fellows of the Australian Faculty of Pain Medicine working in B.C. and one

of four in Canada.

Overseas, she was one of 150 staff working in a pain clinic in Sydney.

She came back to run a five-person pain management unit (the other members of the team are SMH chief of anaesthesia Dr. David Twist, anaesthesiologist Dr. Wallaa Yousef and clinical nurse specialist Sarah Derman) that only recently acquired its own space. It moved into shared offices with the surgical pre-admission clinic in September.

Even so, the Surrey clinic is the largest publicly funded pain clinic operating within the Fraser Health Authority. (There is a privately funded pain clinic in the region that is bigger).

The clinic sees 50 to 60 patients a week, all referred by doctors.

Wait lists are running about 12 months.

It is still a considerable improvement over the days when the clinic was run by the late Dr. Albert Pace-Florida one day a week in a borrowed room.

Lau believes the centre will have to get bigger if only because the bottom-line benefits are so obvious.

People who can better manage or even reduce their chronic pain will make fewer visits to doctors and ERs and become more productive people.

Lau cites studies that show whenever a jurisdiction has launched a pain management initiative, the payoff has been a substantially reduced load on

their health care system.

Achieving that goal requires a rethinking of traditional medical practices that are fine for dealing with short term or acute pain but ineffective against the long-term chronic kind.

"If you try to treat that pain as acute pain, you will fail," Lau says.

It is a piecemeal approach that focuses on a specific body part and assumes recovery is simply a matter of time, she says.

"It'll heal and you'll be okay in four weeks time."

But when a doctor is confronted by a patient whose skin has become so sensitive that a light touch burns, or an amputee who still feels pain in the missing limb, a different approach is required.

The pain management model the SMH clinic has adopted is an interdisciplinary, holistic approach that aims to treat more than the physical sensation of pain.

Often, Lau says, the friends and family of a person with chronic pain have to be part of the treatment.

Relatives can become trapped in the caregiver role, resentful of a pain-wracked person whose condition doesn't improve or overprotective to the point where the patient becomes less and less active.

"You can actually disable them (by doing too much)," Lau notes.

Sometimes, people are referred to family counsellors as part of the treatment process.

Often, managing pain isn't about reducing the actual symptoms but adjusting how patients respond to them.

For example, just knowing that the discomfort is not the harbinger of something more serious – that a chronic back pain is not the symptom of incipient cancer – can make a big difference.

Or discovering that you can do more than you think.

Ringland recalls one patient who ranked her pain at nine on the one-to-10 scale where 10 is the worst.

The patient had become inactive and house-bound. After time at the SMH pain clinic, the patient is now getting outdoors on a regular basis, even though the woman still rates her pain at nine out of 10.

"The number didn't change but the view of her world has changed."

Suggested reading about chronic pain:

- "Manage your pain" by Michael Nicholas, Allan Molloy, Lois Tonkin and Lee Beeston. (Dr. Nicholas is the director of the internationally known ADAPT Pain Management Program at the University of Sydney).
- "Managing Pain Before It Manages You" by Margaret Caudill.
- "Explain Pain" by David Butler and G. Lorimer Moseley.
- Canadian Pain Society website: <http://www.canadianpainsociety.ca>
- Canadian Pain Coalition website: <http://www.canadianpaincoalition.ca>

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Pain specialist Dr. Brenda Lau (left) and nurse practitioner Ruth Ringland are part of a five-person pain management unit that has been launched at Surrey Memorial Hospital.

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