

APC NEWS

Spinal Cord Stimulation for Chronic Back and Neck Pain

People whose back or neck pain has not been relieved by back surgery or other treatments may have another option to consider: spinal cord stimulation.

Around the world, some 14,000 patients undergo spinal cord stimulator implants each year. Spinal cord stimulation (SCS) delivers mild electrical stimulation to nerves along the spinal column, modifying or blocking nerve activity in a non-medical way to minimize the sensation of pain reaching the brain.

Spinal cord stimulation was first used to treat pain in 1967. Spinal cord stimulation was approved by the Food and Drug Administration (FDA) in 1989 to relieve pain from nerve damage in the trunk, arms, or legs, and now accounts for about 90 percent of all neuromodulation treatments. That number is expected to grow to manage chronic disease states as the population ages and as spinal cord stimulation is expanded to treat other diseases.

Spinal cord stimulation, also called neurostimulation, directs mild electrical pulses to interfere with pain messages reaching the brain. A small device implanted near the spine generates these pulses. The implanted generator used in spinal cord stimulation has similarities to a cardiac pacemaker, leading some to call the device a pacemaker for pain.

Growing Interest in Spinal Cord Stimulation

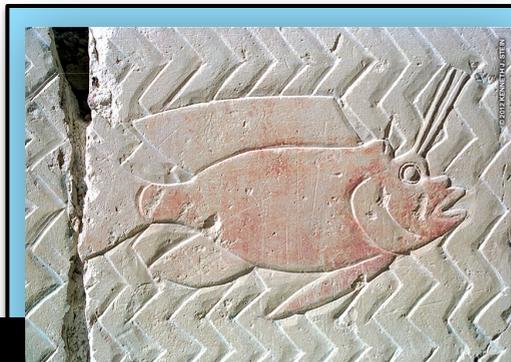
Spinal cord stimulation has been used for decades, and is being recommended for an increasing number of conditions. Failed back surgery syndrome, cervical and lumbar radiculitis, neuropathy, and complex regional pain syndrome are some conditions that may be helped by the therapy.

Smaller devices have made implantation less invasive, and innovations—such as devices that are compatible with magnetic resonance imaging (MRI)—have expanded the number of people likely to consider the therapy.

In addition, nationwide efforts to reduce reliance on opioid pain medications are bringing renewed interest to a range of pain-relief treatments that do not involve medications—including spinal cord stimulation.

Trial Period Offers an Unusual Option

Unlike most treatments requiring surgery, spinal cord stimulation can be tried for a short time before a person commits to having the implant or having any lasting negative effects. The trial period is part of a two-step screening process to select those most likely to benefit. Should a patient not want the trial anymore, the lead is pulled out in the office, and a small bandage is applied—a simple, painless process. Careful screening is needed because spinal cord stimulation does not work for everyone. Most people who are good candidates for the therapy, however, report at least a 50% reduction in pain, as well as significant improvement in daily functioning.



Did You Know? *Electrical stimulation dates back to over 4,500 years ago. It is believed that ancient Egyptians used electric eels and electrogenic fish to treat a variety of diseases. They would place the fish on to the painful location, and the electrical discharge from the fish was said to reduce the pain at the site.*

Article source: Mehta, M.D., Neel. "Spinal Cord Stimulation for Chronic Back and Neck Pain." <https://www.spine-health.com/treatment/back-surgery/spinal-cord-stimulation-chronic-back-and-neck-pain>. Sept 23, 2016.



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Finding a doctor with experience is important in the case of spinal cord stimulation, as more experience generally leads to greater expertise. Also, spinal cord stimulation is a rapidly changing field of medicine, with new devices arriving frequently on the market. A specialist with experience in the procedure is likely to be more adept and up-to-date on the latest techniques and devices.

The Augusta Pain Center is an area leader in pain management offering a variety of state-of-the-art services, including spinal cord stimulation, designed to help patients of all ages find relief from chronic pain. Opened in 2001, Augusta Pain Center is staffed by experienced interventional pain management physicians with more than 30 years of experience helping patients find relief from chronic pain such as headaches, back pain, and neck pain.

IT IS TIME FOR DOCTORS TO FIGHT BACK

A Blog Post by Matthew Hahn, MD at www.matthewhahnmd.com



The American health-care system is broken, but it is not really "health-care" that is the problem. The science of medicine, the tests, and the treatments available are better than ever. It is health-care bureaucracy that is the problem. But doctors, nurses, and patients bear the brunt of the dysfunction. Medical professionals are unable to practice, and patients are denied the care they need, even though it is readily available. Careers are being ruined, and lives lost along the way. It is time to fight back.

Instead of focusing on ways to improve patient care, medical professionals today have to wade all day through a jungle of red tape just to get paid, order tests, and deliver treatments. Cumbersome government rules control the details of how we write notes, use a computer, calculate a bill, how much we can charge, who we can admit to the hospital, how long we can treat them, and much, much more.

And for everything we do, there must now be data. The bureaucracy is obsessed with data, to the detriment of everything else. It is tyranny through data. We spend so much time collecting data and running after all of these things that it is a challenge to find the time to actually care for patients! On top of that, newer health insurance policies with high premiums, high deductibles, prior authorizations, and narrow, inscrutable coverage block us from delivering the care patients need. It is health care by government and insurance company fiat. Medical professionals and patients have few choices and little control.

And now, on top of everything else, we face Medicare's complicated new MACRA "value-based payment" program, which collects data across four categories: Quality Measures, Advancing Care Information, Performance Improvement Activities, and Cost. A physician's annual score will be compared to the scores of other physicians to determine future Medicare pay increases or penalties. There is a huge effort being made to explain the intricacies of the new program, the first sign that it is too complicated to be of benefit.

Has American health care improved under this rule-bound and data-crazed regime? No! These approaches have demonstrated little of their intended effect. What is the bureaucracy's answer to this? More rules and more data collection, and now, even penalties! They are trying to box us in like lab rats, and with rewards and punishments, make us perform tricks in our cages.

What has been the medical profession's response? Adjust, learn the rules, and do it again, and again. We grumble. We retire early. We hide in bigger organizations that are supposed to protect us from it all. We look to our professional organizations for leadership. But this is not working. We lose more and more ground. We are now on a tiny island—but many of us are falling into the water and drowning.

When we begin our careers in the medical profession, we take an oath to do no harm. But today we practice in a system that is harmful by design. To honor our oath, we must find ways to fight back.

I think the answer is to better organize—even to form unions (though they are legal for physicians only in certain circumstances)—to find ways to actively fight against this out-of-control bureaucracy. We must bring balance to a system where today we have absolutely no control. What we must demand is a system that works for us rather than against us at every turn, that helps us to deliver better care rather than blocks us and then penalizes us when we fail.

I am sick and tired of worrying about the system, and not my patients. We must organize to turn things around. We can have the best health care in the world. It starts by organizing the system around those it affects most, patients and their health care teams.

Article Source: Hahn, Matthew. "It is Time for Doctors to Fight Back." <https://www.matthewhahnmd.com/single-post/2017/05/08/It-is-Time-for-Doctors-to-Fight-Back>, May 8, 2017.

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A STATE OF ANGER CAUSED BY LONG TERM PAIN.

For patients in need of support, validation, and education in basic pain management and life skills (i.e. medication, treatment types, etc.), Augusta Pain Center offers a

Chronic Pain Support Group

Meeting every 1st Friday 10:30a-11:30a & 3rd Monday 5:30p-6:30p
Please call to RSVP and check for cancellations.

Anti-inflammatory Pain Relief Smoothie

1 Rib of Celery +
1 Cup of Cucumber +
1/2 Cup Pineapple +
1/2 Lime Wedge (peeled) +
1 Cup Coconut Water



Stay cool and hydrated this summer!

National Pain Awareness Month

National Pain Awareness Month was created to increase awareness about the effects of pain, open the lines of communication in our local communities so that pain can be better understood and managed, and to educate citizens about the advanced treatment options available to help alleviate pain.



Pain affects more Americans than diabetes, heart disease and cancer combined.¹



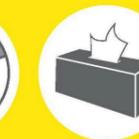
Workers lose an average of 4.6 hours per week of productive time due to a pain condition.²



An estimated 20 percent of American adults report that pain or discomfort disrupts their sleep a few nights a week or more.³



80 percent of people in the United States will experience back pain at some point in their lives.⁴



Besides the common cold, back pain is the number one reason people visit their family doctors.⁵



83 million Americans indicate that pain affects basic functioning in their everyday lives.⁶



September is National Pain Awareness Month across the United States.

What is Pain?

Oxford Dictionary: Physical suffering or discomfort caused by illness or injury.

Dorlands Medical Dictionary: A more or less localized sensation of discomfort, distress or agony resulting from the stimulation of specialized nerve endings.

Daily Habits to Help Reduce Pain:



Participate in Life



Quit Smoking



Healthy Diet



Exercise



Pain Awareness Month was first declared in September of 2001.

Goals of Pain Awareness Month

- ✓ Educate the community about the frequency and effects of pain with the message that pain is a serious public health issue
- ✓ Spread awareness about the treatments for painful conditions
- ✓ Encourage community members to get involved in pain awareness programs

Sources: ¹National Center for Health Statistics, Health, United States, 2006, Special Feature on Pain With Chartbook on Trends in the Health of Americans, Hyattsville, MD, Available at <http://www.cdc.gov/nchs/data/atus06.pdf>. ²Results from the American Productivity Audit. <http://www.ncbi.nlm.nih.gov/pubmed/14665809>. ³National Sleep Foundation <http://www.sleepfoundation.org>. ⁴Sleep in America poll, 2000. ⁵Vallbores B. Acute, Subacute and Chronic Low Back Pain: Clinical Symptoms, Absenteeism and Working Environment. *Scan J Rehabil Med Suppl*1985; 11: 1-98. ⁶U.S. National Library of Medicine, 2012. ⁷The American Academy of Pain Medicine. http://painmed.org/patientcenter/facts_on_pain.aspx

4 Yoga Poses for SI Joint Pain

BIRD DOG

1



2

CHILD'S POSE



3

COBRA



4

TRIANGLE POSE



BRACEABILITY



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Hours:
Monday - Thursday
7:00 am - 4:30 pm
Friday
8:00 am - 2:00 pm

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APC Staff News



Kristopher Reese Mynhier
Proud parents, Jessica Epter
& John-Logan Mynhier
Born June 27, 2017
2:40pm
6 lbs, 8oz, 19"

Sailor Beck Schiff
Proud parents, William &
Susan Schiff
Born June 14, 2017
9:40AM
7 lbs 14 oz, 21"



Work Anniversaries

July: TJ Midla 10 yrs
August: Ashlee Delrie 4 yrs; Reven Smalls 1 yr
September: William Schiff, Psy. D. 6 yrs; Carla Rivera 2 yrs; Troy Hutcheson 2 yrs

Birthdays

July: Lynda Henderson 7/2; Jessica Lewis 7/5;
Vickey Partlow 7/11; Jessica Davis 7/25; Richard Epter, MD 7/27
August: Tysheika Adams 8/6; Troy Hutcheson 8/7;
Jessica Epter 8/8; Keona Johnson 8/10; Dawn Neely 8/17
September: Daniel Lucas 9/10; Jan Phelps 9/15