

Challenging cancer pain: Intraspinal Pain Management

A patient friendly
book for:



This booklet is a brief introduction to intraspinal pain management. We hope it will inform you and answer some of your questions. Please use it as a tool to learn about the procedure, to discuss with your family and the treatment team, and to be involved in the treatment of your pain.

Centre universitaire
de santé McGill



McGill University
Health Centre

This document was developed by Bernard Larocque, Nurse Clinician, Palliative and Supportive Care Services and Krista Brecht, Clinical Nurse Specialist, MUHC Pain Programs.

We would like to thank Dr. Francisco Asenjo, Anaesthetist, MUHC Pain Centre, Dr. Jordi Perez, Anaesthetist, Alan Edwards Pain Management Unit, Gini Jarvis, Palliative Nurse Specialist, The Ottawa Hospital Cancer Centre, Louise Lamb, Nurse Clinician, Alan Edwards Pain Management Unit, Samia Saouaf, Nurse Clinician, Alan Edwards Pain Management Unit, Sara Olivier, Nurse Clinician, Cancer Pain Program, the nurses on medical units having cared for patients with intraspinal infusions, and the patients and families who collaborated on the development and review of this booklet.

We would like to recognize the MUHC Patient Education Office and the McGill Molson Medical Informatics for their support throughout the development of this booklet, the design and layout, as well as for the creation of all the images. We would also like to thank the MUHC Patient Education Committee for financial support for this project.

This document is copyrighted. Reproduction in whole or in part without express written permission from patienteducation@muhc.mcgill.ca is strictly prohibited.
© copyright 30 September 2013, McGill University Health Centre



IMPORTANT: PLEASE READ

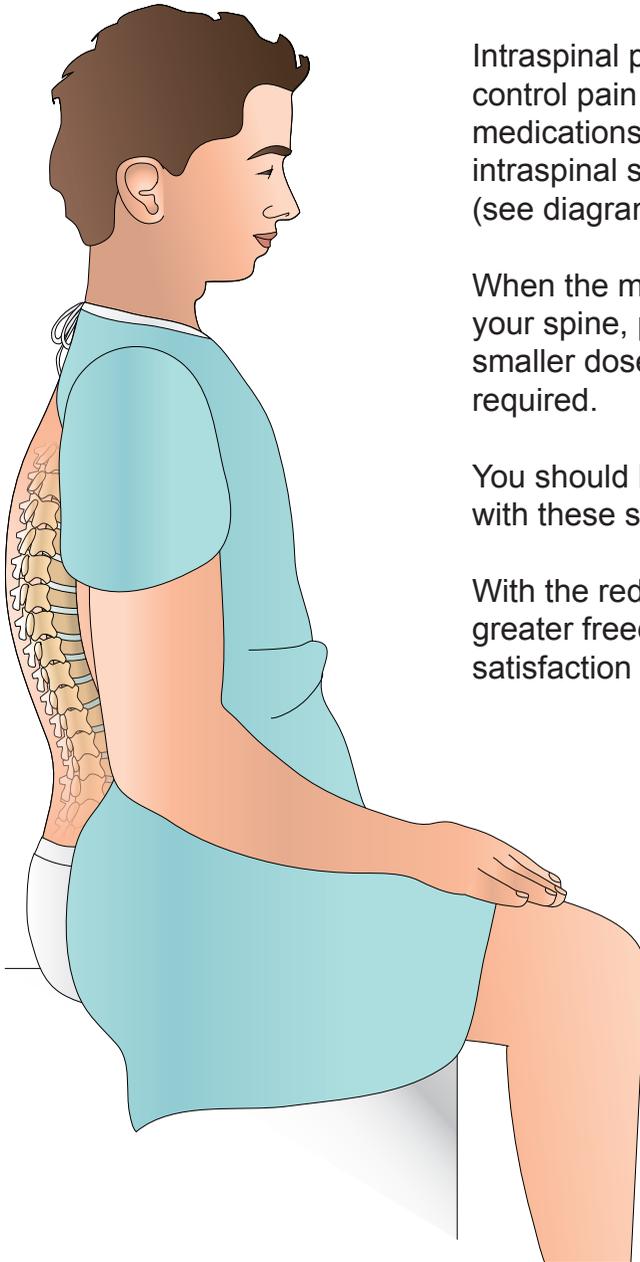
Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional health care practitioner, or to substitute medical care. Contact a qualified health care practitioner if you have any questions concerning your care.



Table of Contents

What is intraspinal pain management?	4
Why is it offered?	6
What are the benefits?	7
What types exist?	8
How will my intraspinal catheter be inserted?	9
How should I prepare?	12
What are the possible problems?	13
When do I call for help?	14
Who do I contact for help?	15
Pain Intensity Scale and Diary	16
List of useful websites	17
Notes	18
Help us help others	20

What is intraspinal pain management?



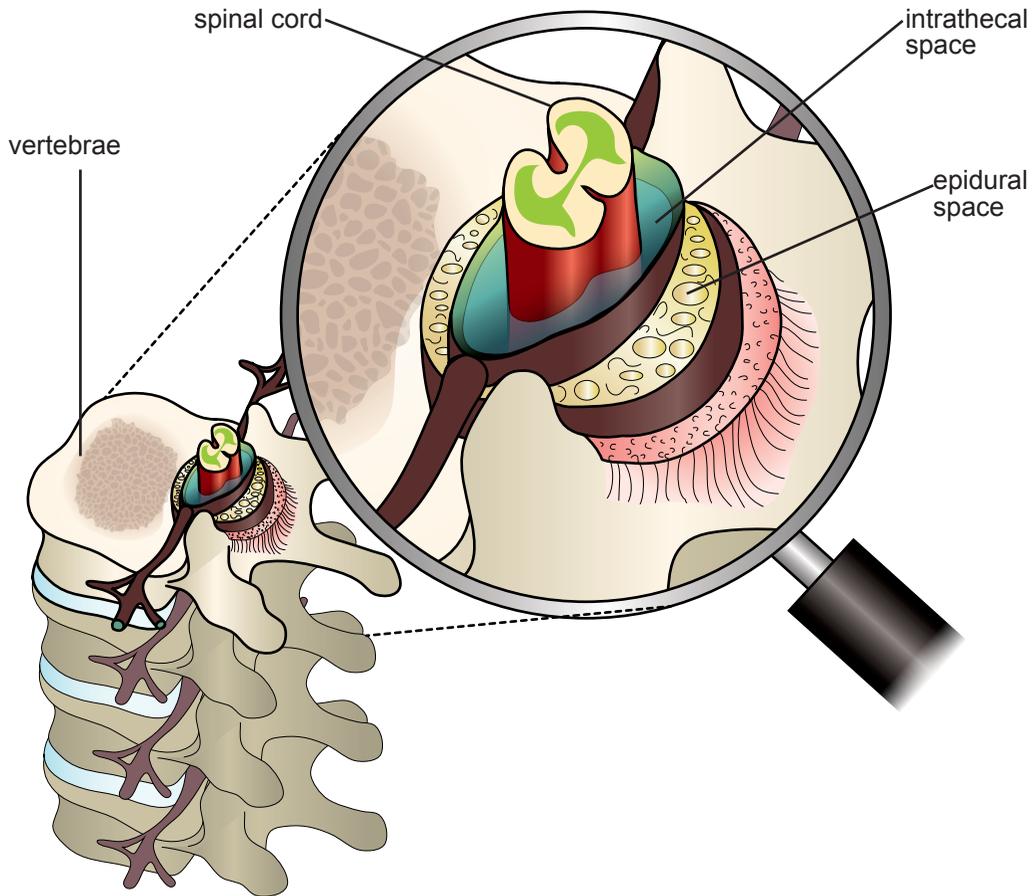
Intraspinal pain management aims to control pain by delivering pain medications directly into the intraspinal space of your spine (see diagram page 5).

When the medication is delivered to your spine, pain relief is faster and smaller doses of the medication are required.

You should have reduced side effects with these smaller doses.

With the reduced side effects comes greater freedom, comfort, and satisfaction in your everyday living.

What is the intraspinal space?



The intraspinal space is made up of two distinct spaces: the epidural space and the intrathecal space. The intraspinal spaces are protected by the vertebrae (bones) along the spine.

When cancer pain becomes challenging, medications can be given directly into either the epidural or intrathecal space to better control your pain. This is done using a soft, thin plastic tube (catheter) placed in either the intrathecal space or the epidural space. For example, the same procedure can be used to control pain after an operation or during labour (giving birth).

Why is it offered?

Pain can be a major obstacle to living a more active life. You are being offered intraspinal pain management because:



Your pain is no longer well-controlled using your usual pain medication.



Your pain control is limited by significant side effects from the medication.

- You feel tired and sleepy.
- You have trouble thinking straight.
- You feel nauseated and constipated.



Other options did not work.

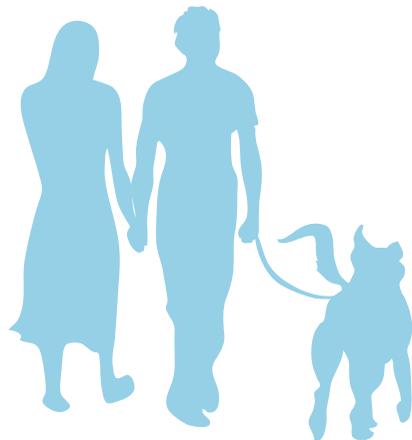
- Surgery, radiotherapy, or chemotherapy did not help with the pain.

What are the benefits?

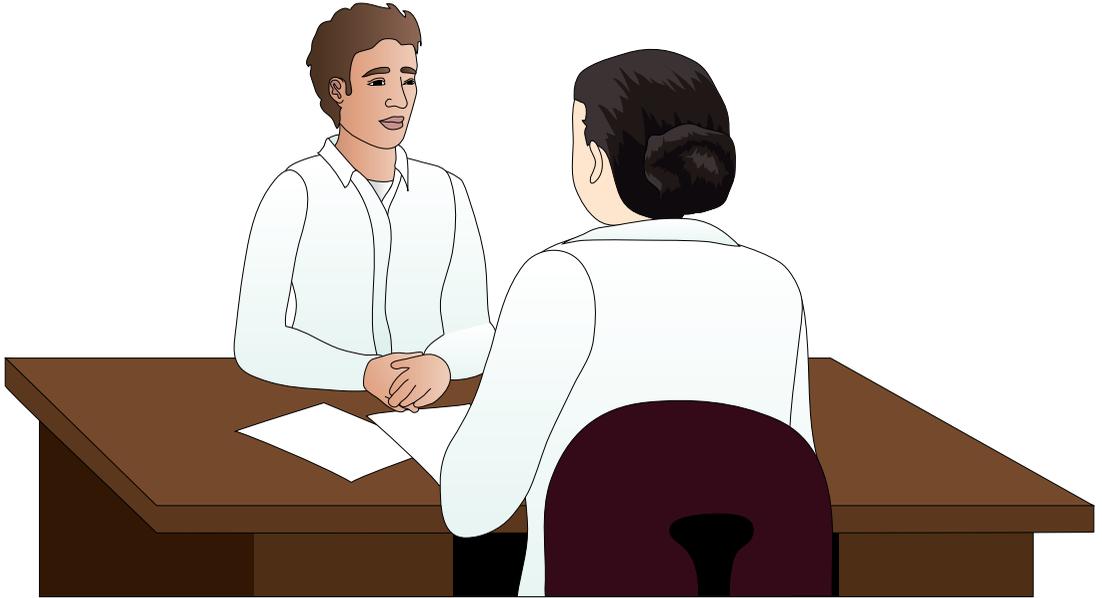
Intraspinal medication can be a better way to:

- Control your pain.
- Decrease the amount of medication you need to take.
- Manage your side effects better as compared to taking pills or injections.
- Help you become more active.

You should have less pain when compared to taking pills or injections.



What types exist?



There are different ways of administering the medication into the intraspinal spaces using a catheter (soft thin tube). Your doctor will discuss with you which of these is the best option.

How will my intraspinal catheter be inserted?

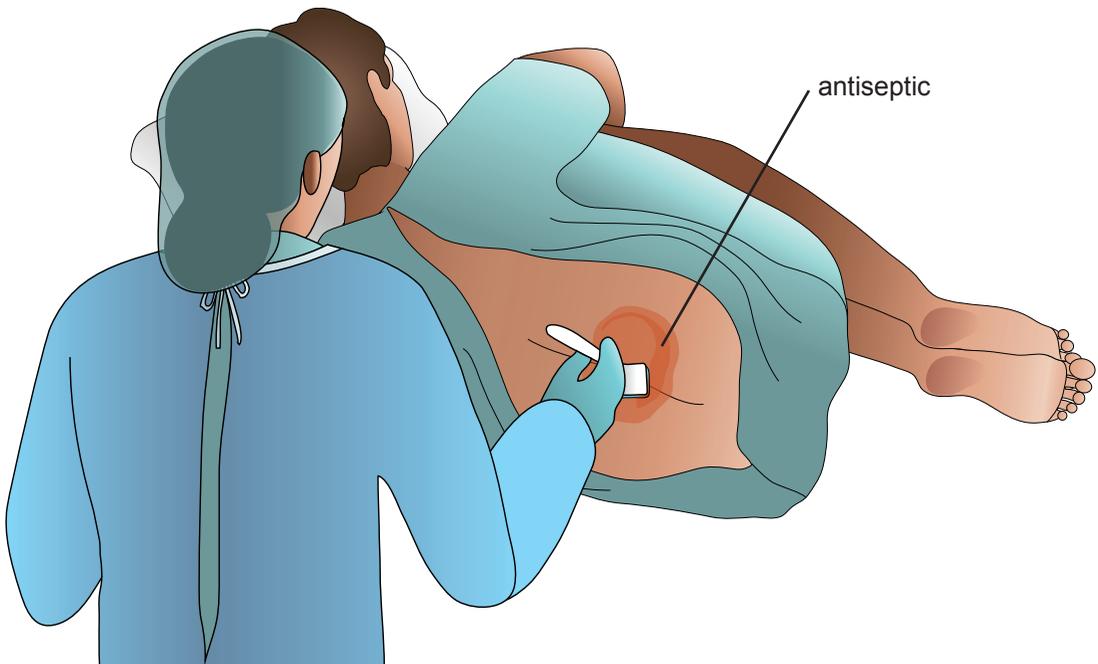
Your intraspinal catheter will be inserted in the operating room. This is a specially clean (or sterile) setting. Your procedure is done this way to prevent germs from entering your body.

This procedure is a same day surgery. This means that you will not need to sleep at the hospital. The procedure is done by an anaesthesiologist (a doctor who is an expert in pain and this type of pain treatment).

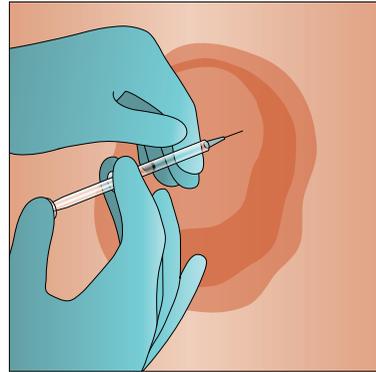
This section will describe what to expect throughout the procedure:

1. You will be asked to lie on your side. The staff will make sure you are as comfortable as possible. You will need to stay very still during the procedure.

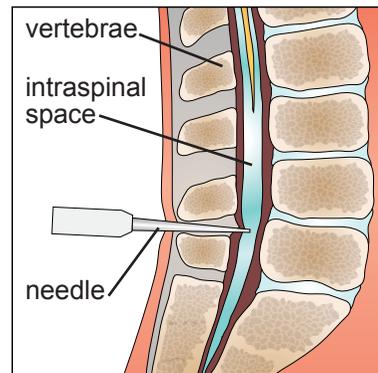
2. The doctor will clean part of your lower back and your side with a special antiseptic cleanser.



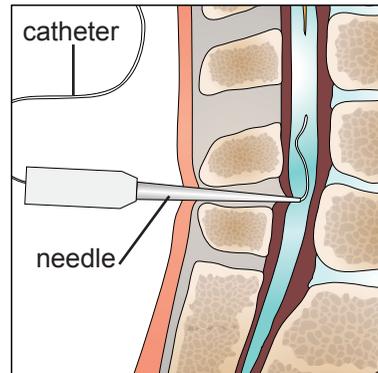
3. The doctor will give you a small injection of pain medication (local anaesthesia). This will sting a little at first, but then it will numb the area of your skin where the tube (catheter) will go. You will not be given medication to make you sleep, however, if you are feeling anxious, you may be given medication to help you relax.



4. A small cut (2 cm) will be made on your back (see image on page 11) and the doctor will insert a fine needle through this cut. It will pass between your spinal bones (or vertebrae) into either the epidural or intrathecal space.

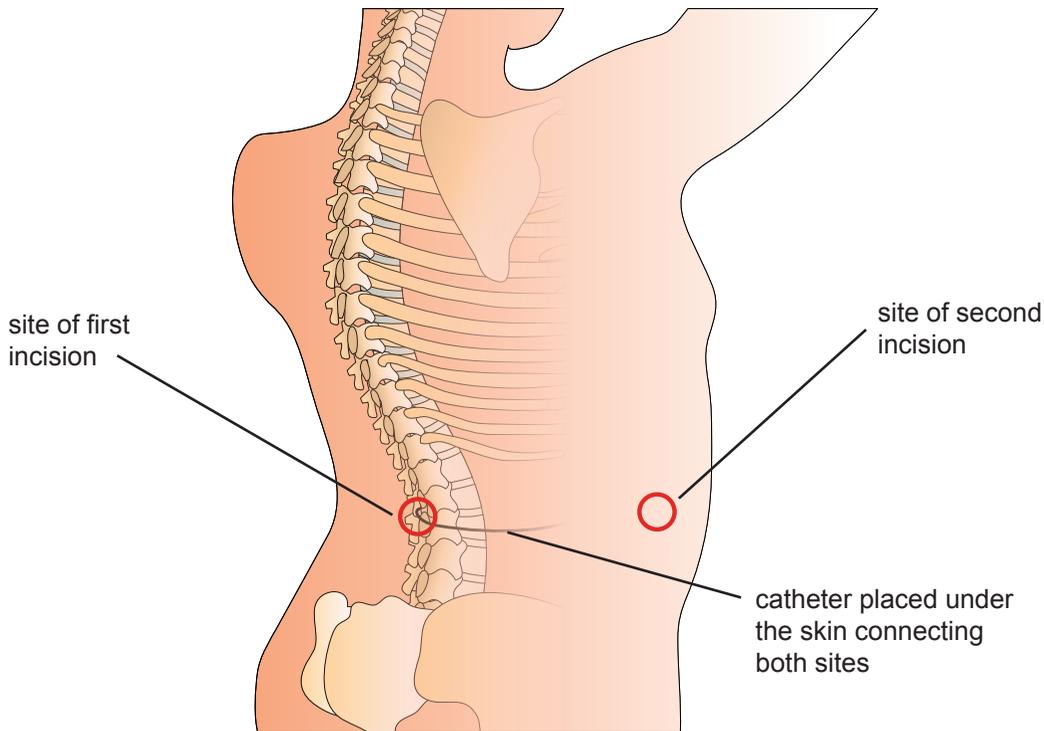


You may feel pressure as the needle is pushed in, but most people do not feel pain. Some people may have a sharp feeling in their back or leg when the needle is inserted, but this goes away very quickly.



5. One end of a small flexible tube (catheter) is inserted through this needle and placed into one of two areas of the intraspinal space of your spine (see diagram page 5). The needle is removed once the catheter is in place. The rest of the catheter is then placed under your skin to protect it. The other end is visible on your side or belly and is used to give you the medication (see diagram on page 11).

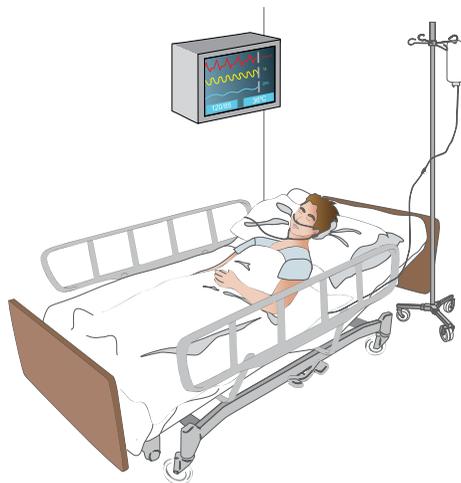
6. You will have another small cut (2 cm) on your side. This is where the catheter will attach to your special pain device.



7. After the procedure, you will spend some time in the recovery room.

If you are already staying in the hospital, you will return to your room 1-2 hours after finishing the procedure. If you are living at home, you will be able to return home. You will be told when to return to the hospital to see your doctor.

Your treatment team will cover each cut (incision site) with a bandage (or dressing). This will protect the cuts. The incisions should heal in 7 to 10 days after which the staples will be removed.



How should I prepare?

Medication:

If you are taking any medications to thin your blood, for example, Aspirin, Plavix, or Coumadin, speak with your doctor. Your doctor will explain when to stop these medications before the procedure.

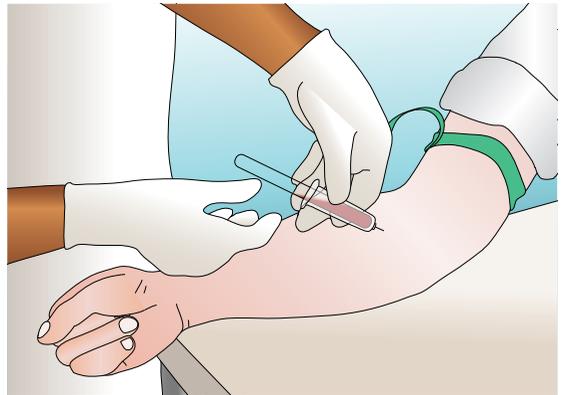


Allergies:

It is important to let us know if you are allergic to iodine, plasters, food, and other medications.

Your doctor will let you know if you need a blood test before your procedure.

Please let us know if you have an active infection (fever); this may delay the procedure.



Your doctor and nurse will explain the procedure to you and your family. They will answer your questions and discuss any concerns you might have at this time.

What are the possible problems?

This procedure is safe. However, with any procedure, there are benefits, risks, side effects and possible problems. Your doctor will discuss these details with you. Please discuss your concerns with your doctor.

Possible problems:

- You could develop an infection after the procedure. This is very rare and would be treated with antibiotics.
- The catheter (soft thin tube) might move out of place and the pain relief would diminish. The catheter would then be adjusted in another procedure.

Some of the side effects may occur for a few days after the start of therapy:

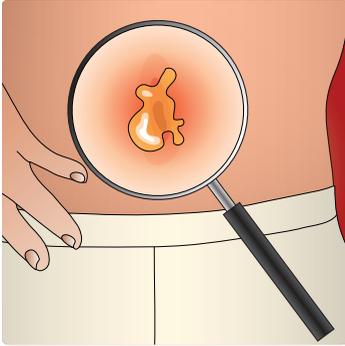
- You may feel sleepy or dizzy.
- You may become nauseated or constipated.
- You may experience a headache.
- You may experience skin irritation.
- You may have difficulty urinating.

Please let your doctor or nurse know if you have any problems or side effects. They will tell you how to care for these problems.



When do I call for help?

Contact your nurse if you experience any of the following:



Redness or oozing on your surgical sites



Fever



Headaches that last for more than 48 hours



Muscle weakness, leg spasms, or incontinence (urine or stool)

If you have any concerns or questions, this will be a good time to share them. Ask your doctor or nurse about the details of the follow up care you will receive.

Who do I contact for help?

The first person you should talk to is:

Name: _____

Title: _____

Phone number: _____

The following people are your care team:

Name: _____

Title: _____

Phone number: _____

Name: _____

Title: _____

Phone number: _____

Name: _____

Title: _____

Phone number: _____

Pharmacy

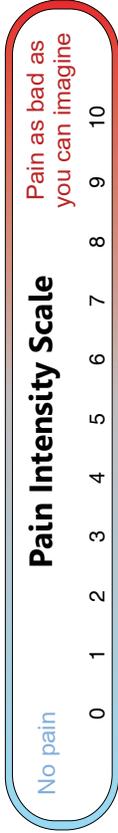
Name: _____

Phone number: _____

Fax number: _____

Pain Intensity Scale and Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day. The goal is for your pain score to stay below 4 out of 10.



Date YYYY/ MM/DD	Time 00 :00	Where does it hurt?	Pain intensity rating (0 - 10)	What were you doing?	Did you take your analgesic? Yes / No	Name and amount of medication taken	Pain intensity rating after 1 - 2 hrs? (0-10)	Comments Side effects

List of useful websites

Intraspinal pain management:

Intrathecal Infusion Pump- Dartmouth-Hitchcock

http://patients.dartmouth-hitchcock.org/pain_mgt/intrathecal_infusion_pump.html

Cancer pain:

About cancer pain- Medtronic

<http://www.medtronic.com/patients/cancer/index.htm>

Possible treatment for cancer pain:

Treatment options for chronic cancer pain- Medtronic

<http://www.medtronic.com/patients/cancer/treatment/index.htm>

About drug pumps:

About drug pumps- Medtronic

<http://www.medtronic.com/patients/cancer/device/index.htm>

Drug pump implanted:

What is a drug pump?- Medtronic

<http://www.medtronic.com/patients/chronic-pain/device/drug-pumps/what-is-it/index.htm>

Help Us Help Others

Help support the MUHC Patient Education Office. Donations make a huge difference. They help us create health information materials and programs to deliver the best care for life.

All patient materials are freely available on the internet to MUHC patients, and to patients and families everywhere.

Make a donation to **MUHC Patient Education - Dr. David Fleiszer** through the Montreal General Hospital Foundation:

Online: <https://www.mghfoundation.com>

By phone: 514-934-8230

By mail / in person: 1650 Cedars Avenue, E6.129,
Montreal, QC, H3G 1A4, Canada

Thank you for your support!

LA FONDATION DE L'HÔPITAL GÉNÉRAL DE MONTRÉAL



THE MONTREAL GENERAL HOSPITAL FOUNDATION



MUHC Health Education Collection: <http://infotheque.muhc.ca>
MUHC Patient Education Office: www.muhcpatienteducation.ca