

Procedure Room

sive treatment plans are formulated and discussed with the referring or primary care physician. See the results...there is a difference in Pain Medicine.

BACK PAIN:

Back pain remains the most common pain complaint of patients seeking the services of a pain physician. Many back pain problems occur following injury, strain and accidents. Most of these patients are not candidates for back surgery. With the ageing of the population, the number of people suffering from degenerative disc disease, spinal stenosis and sciatica has dramatically increased. A well-trained spine pain specialist can help most of these patients.

The pain medicine specialist, after a careful evaluation, often performs diagnostic injections usually with fluoroscopic guidance. These injections isolate and confirm the source of the patient's pain. The pain can emanate from soft tissue, tendons, ligaments, muscles, joints, discs and nerve structures. Once identified, these painful structures are medically treated.

Medication can be injected at the exact site of the injury or compressive lesion. **Epiduroscopy** is the insertion of a fiber optic filament through a needle directly into the spine. This is connected to a television monitor to visualize the inside of the spinal canal, spinal cord and spinal nerves. This procedure has been effective in the making an accurate diagnosis, in accomplishing precise injections, in cutting of epidural adhesions and scar tissue and the removal of toxins liberated by injured discs.

Injured or painful facet joints can be injected with steroids. If long-term pain relief is not accomplished, these patients are often treated with **Radiofrequency** rhizotomies. These Radiofrequency procedures numb the facet joints and eliminate the patient's pain for approximately one year. These are outpatient or office procedures, which often provide immediate pain relief and allow the patient to return home after a 30-45 minute recovery period.

Discogenic pain due to an injured or herniated disc is now being treated with a new outpatient procedure, called a **Percutaneous Discectomy** procedure. A special wire electrode is inserted through a needle into a disc and directed to the affected area of the disc herniation. Once in place, the electrode is subjected to a high intensity electromagnetic field. This electromagnetic field causes vaporization of the herniated disc. The interior of the disc is then cauterized, causing proliferation and tightening of the protein matrix of the disc. Disc herniations are treated in this way, without open surgical procedures. **IDET** (Intradiscal Electro thermal Treatment) procedures have been shown to relieve pain in 50% of patients with proven disc pain, without herniations. The IDET process creates disc denervation and promotes proliferation of inter-disc collagen to strengthen the disc matrix.

The **Sacroiliac Joint** has received considerable attention in the last fifteen years as a source of back pain. Two "World Congress Conferences on the Sacroiliac Joint" were held in 1992 and 1995. The consensus following these conferences is that 80 per cent of single side buttock pain is related to the sacroiliac joint. Much progress has been made in understanding the function and pathophysiology of this joint and its contribution to back pain. Several new procedures can effectively relieve the pain and dysfunction of the Sacroiliac Joint.

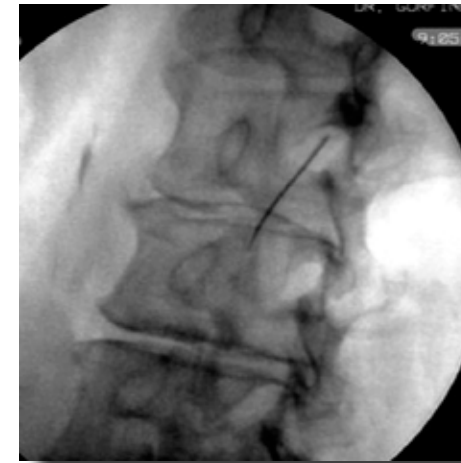


Diagnostic Work Up

SHINGLES & POST-HERPETIC NEURALGIA:

Shingles and Post-herpetic neuralgia are severely painful syndromes characterized by pain following the course of a nerve or several nerves. The initial episode is caused by a Herpes zoster virus. Pain often precedes a vesicular rash by about 48 hours. The pain can continue for years after the lesions have cleared and is called Post-herpetic neuralgia.

Nerve blocks relieve the patient's pain, speed the

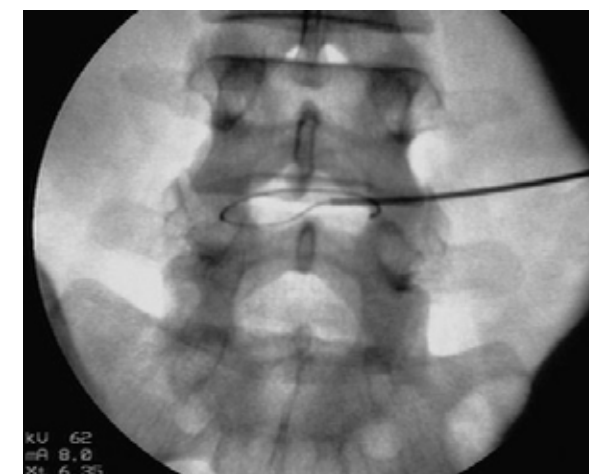


Lumbar Facet Injection

resolution of the rash and minimize the incidence of Post-herpetic neuralgia pain. In conjunction with nerve blocks, antiviral medication is prescribed. Nerve blocks may also be effective in treating Post-herpetic neuralgia pain.

CANCER PAIN:

New cancer pain treatments have dramatically reduced the suffering of patients with cancer. Neurolytic long-term blocks combined with medications have revolutionized the relief available for cancer pain. High-tech drug delivery systems have further made possible the precise administration of pain relieving medications to specific receptor sites. With these devices, pain is more effectively treated with the avoidance of fatigue, constipation and other side effects. Individuals with cancer often can continue for long periods of time enjoying normal activities without pain. Patients must be evaluated early in the disease process to maximize the effectiveness of these treatments. Effective treatments often include the combined treatments of Neurolytic Blocks and medication therapy.



IDET Procedure

COMPLEX REGIONAL PAIN SYNDROMES (C.R.P.S.):

Reflex Sympathetic Dystrophy (RSD), causalgia, post-thoracotomy syndrome, post-stroke pain are all pain syndromes characterized by a constant burning or severe pain which is exacerbated by even gentle touch. There are often color, swelling, temperature and trophic changes associated with the pain symptoms. Frequently, there is a sympathetic nervous system involvement in this syndrome. C.R.P.S. therapies may often include: Sympathetic Nervous System Blockade, Radiofrequency Blockade, Spinal Cord Stimulation and medication therapy. Early treatment is necessary to avoid patients from becoming refractory to treatment.



Recovery Room

NEUROPATHIES:

Diabetes, chemical exposures, vitamin deficiencies, phantom limb pain and chemotherapy may cause painful neuropathies. Idiopathic neuropathies are also seen especially in the older population. These painful conditions can frequently be effectively treated with nerve blocks and medication therapy. Spinal cord stimulation has been helpful in patients resistant to other therapies.

ISCHEMIC LIMB PAIN:

Patients who have failed revascularization surgery or who are not surgical candidates often show considerable improvement of blood flow and have less pain with Spinal Cord Stimulation. Electrical stimulation of the spinal cord decreases the sympathetic outflow of the spinal cord, relaxes arterial tone, and improves blood flow to the extremities affected. Secondly, there is a reduction in pain from the stimulation effect. Spinal cord stimulation is also beneficial in patients with Raynaud & Berger's Disease.

TAKE BACK YOUR LIFE

We offer bright new hope for people who've been living with pain.

At **Palm Beach Spine & Pain Institute** our board-certified physicians are dedicated to stopping your pain. They specialize in performing innovative, minimally invasive techniques and procedures that eliminate pain at its source. The goal is to allow patients to return to a normal activity level — minus the pain.



If you or someone you know is currently suffering from:

- Back Pain/Neck Pain
- Spinal Stenosis
- Shingles Pain
- Cancer Pain
- Spinal Cord Injuries
- Sciatica Pain
- Herniated Discs
- Post-Stroke Pain
- Neuropathies
- Reflex Sympathetic Dystrophy (RSD)

Call us today at (561) 649-8770. **Because life shouldn't hurt.**

Lawrence Gorfine, M.D.
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LAWRENCE GORFINE, M.D. DOUGLAS MACLEAR, D.O.

PALM BEACH SPINE & PAIN MEDICINE

INTRODUCTION:

Pain Medicine is a new and rapidly evolving medical specialty dealing with Acute and Chronic Pain problems. Recent advances in technology and new techniques help us identify, diagnose and treat pain problems with more accuracy. Minimally invasive procedures in interventional pain medicine have eliminated the sources of pain, allowing many patients to return to work and to a normal level of activity. New research, focusing on neck and back pain, has resulted in creative and innovative solutions to previously persistent spinal disorders, often making surgery unnecessary.



LAWRENCE GORFINE, M.D.

EARLY INTERVENTION:

Early interventional treatments in Pain Medicine have been found to return injured patients to work and regular activities more rapidly than past conservative therapies. Early treatment of inflamed injured tissues and articulations quickly resolves the insult, not allowing chronic inflammation with resultant joint and tissue destruction. Pain Medicine physicians are

trained in diagnostic patient evaluations, including radiographic interpretations and diagnostic injections when indicated. Early intervention decreases unnecessary chronic pain, long-term treatments and disabilities.

THERE IS A DIFFERENCE IN PAIN MEDICINE:

There are numerous causes of neck and back pain. Not all patients have herniated discs and pinched nerves. Careful diagnostic evaluations and pathology specific treatments are required to identify and treat specific spinal pain problems... Epidurals do not cure all back pains.

Our doctors are full-time Board Certified Pain Medicine Anesthesiologists, not part-time operating room Anesthesiologists. Pain management does not consist only of injections and prescription of medications. It includes physician-patient interactions in examining each patient and in evaluating each response to treatment. The medical judgment and experience of the physician is the quality determining factor. Individual treatment plans are tailored to each individual patient, and are modified subsequent to the response of each individual patient.

Comprehensive patient work-ups include history evaluations, physical examinations, review of any diagnostic tests and often the prescription of further diagnostic tests. Diagnostic fluoroscopically directed injections are often used to confirm the precise anatomic location of pathologic structures. Comprehen-



DOUGLAS MACLEAR, D.O.