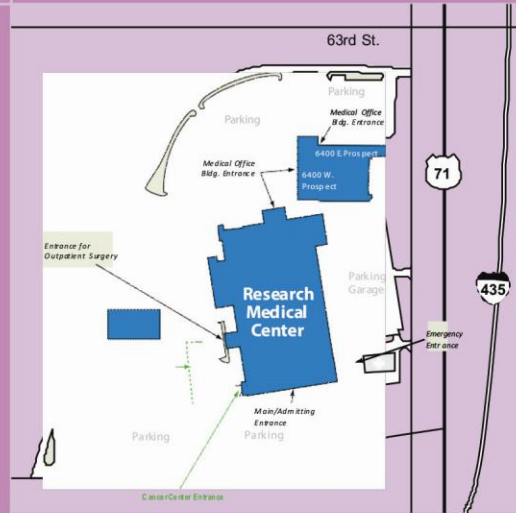




WHAT ARE THE BENEFITS

- Reduced medication side effects
- Very effective coverage of pain
- Ability to use multiple medications
- Flexibility in management, often able to make changes without coming into office or hospital
- Targets pain at the site of pain transmission
- Improved quality of life

We accept ALL major Health Insurance Plans in the Kansas City area.



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INTRATHECAL DRUG DELIVERY for RELIEF of CANCER PAIN

The spinal cord plays a major role in transmitting pain. Many of the sites of action for opioids (i.e., pain relievers) are located in the spinal cord. Surrounding the spinal cord is a tough membrane that contains the spinal fluid in an area known as the intrathecal space. Profound pain relief can be obtained by giving pain medications directly into this fluid surrounding the spinal cord, allowing the medication to have direct access to those sites of action. This may result in better pain control with fewer side effects.



INTRATHECAL DRUG DELIVERY SYSTEM for RELIEF of CANCER

It is often very difficult, using oral medications, to reduce cancer pain to a tolerable level without causing significant side effects. Intrathecal drug delivery (IDD) – the process of administering medication directly through the spinal fluid to the spinal cord – allows for better control of pain with considerably fewer side effects from medication. In addition to the usual pain medications, medications for pain that cannot be given any other way can be effectively administered by this method. The intrathecal route was first used for pain in 1899, and, in 1979, it was used successfully for cancer pain, leading to the development of implanted “pain pumps” in the late 1980s.

The pump provides a constant dose of pain medication which can be changed using wireless communication. In addition, a handheld device allows the patient to self-administer small, rapid doses of medication for episodes of breakthrough pain that can be part of the cancer pain experience. This flexibility often means avoiding ER visits or hospitalization for pain control. Medication is refilled by a short, office- or home-based procedure directly into the pump. Once a stable dose is determined, it may be possible to go up to three months between pump refills.



WHO MAY BENEFIT FROM A PAIN PUMP?

Most cancer pain comes from involvement with tissue, like organs, bone, muscle, nerves, and blood vessels, a pain commonly described as aching, throbbing, sharp, stabbing, knifelike or burning. Cancer pain responds very well to IDD. Anyone with cancer-related pain may be a candidate for this approach, although each patient needs individual evaluation by a cancer pain specialist. Sometimes it is beneficial to place the pump before there is severe pain, if there is a likelihood that severe pain will be an issue during the course of the cancer. It is often best implanted early in the course of treatment, before there are issues that can interfere with healing and increase the chances of infection. In that way, the placement can go smoothly and the pump can be used to control symptoms throughout the course of treatment.

WHAT TO EXPECT FROM THE PROCEDURE.

Depending on insurance, a one-time intrathecal trial, or injection of pain medication into the spinal fluid, may be required. Placement of an IDD system is done on an outpatient basis with an overnight stay in the hospital for observation. This is a short surgical procedure done in the operating room with the patient under general anesthesia. There will be two incisions. The first, usually made over the left side of the abdomen or ribs, is to create a pocket just under the skin to hold the pump. The second is in the lower back over the spine through which the catheter is placed.

The catheter is tunneled under the skin and connected to the pump. The pump will be filled and started in the operating room. Adjustment of the starting dose is very common until the appropriate dose for each individual is found. An abdominal binder is usually worn for the first two to four weeks to hold the pump securely in the pocket while it heals.

HOW IS THE PUMP REFILLED?

Refills are done in the office. Using a special kit, a needle is placed into the reservoir through the skin and the old medicine is removed and new medicine is instilled. The procedure usually takes 15 minutes or less.

ARE THERE RISKS INVOLVED IN PLACING THE PUMP?

Nothing is without risk; however the risks are generally low and include infection, bleeding, nerve injury, leakage of spinal fluid resulting in headache, movement of the catheter, catheter fracture, pocket refill, programming error, and development of catheter tip mass.

HOW EFFECTIVE IS A PUMP?

There is strong research evidence supporting the effectiveness of IDD for cancer pain, with flexible dosing that can be used to adjust to any changes in the clinical situation. In addition, a patient-controlled device is provided to administer small extra doses, if necessary.

