

COLUMBIA PAIN MANAGEMENT: Compassionate Care When it Hurts

by lori russell



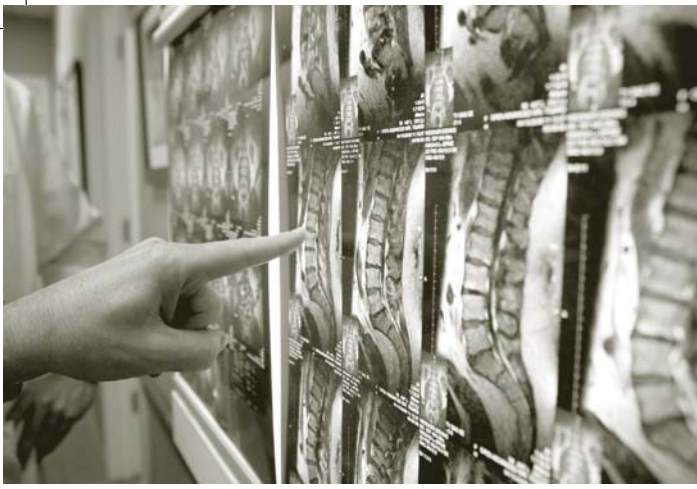
PHOTO BY JESSICA ROBINSON

COLUMBIA PAIN MANAGEMENT
1010 10th Street / Hood River
541.386.9500
www.columbiapain.org

George Mersereau had always been physically active—enjoying hunting and fishing, taking long daily walks with his dog, and running his own excavation business. Then, about six years ago, he developed pain in his hip that limited his participation in the activities he enjoyed most.

**“I thought my hip socket was going bad,”
the 68-year-old White Salmon resident says.
“It ached like a bad toothache.”**

While Mersereau could still operate the heavy machinery required in his work, the pain continued to deepen over the next few years, eventually making it painful to walk more than a block or two. A car ride became an uncomfortable ordeal, as did standing at the kitchen sink to rinse his coffee cup.



PHOTOS BY JESSICA ROBINSON

WHEN IT HURTS

Forty-five percent of Americans seek medical assistance for pain at some time in their lives. Mersereau first sought the services of a chiropractor. When the treatments did not relieve the problem, his practitioner referred him to an orthopedic surgeon who scheduled an MRI. The test showed the problem was not due to deterioration in Mersereau's hip, but in his lower back. The condition known as spinal stenosis occurs when an area of the spine becomes narrowed and puts pressure on the spinal cord or surrounding nerves. When it occurs in the lower back, it can cause pain, tingling, weakness or numbness that radiates from the lower back to the legs, especially with activity.

Mersereau's surgeon suggested he try medical treatment before considering surgery and referred him to physical medicine and rehabilitation specialist Trey Rigert, M.D. of Columbia Pain Management. Rigert is one of five healthcare providers at the Hood River practice who treats people experiencing pain due to a range of conditions from back, neck and shoulder injuries to diabetic, post-herpetic and idiopathic neuropathy, cancer and facial pain syndrome. Primary physicians, orthopedic surgeons and other healthcare providers in the Columbia Gorge refer up to 60 new patients a month to Columbia Pain Management for evaluation and treatment.

"Sometimes we see patients who have had an acute episode such as a disc herniation after a routine activity, such as bending over to start a lawnmower, or compression fractures from osteoporosis," Rigert says. "Other patients suffer with chronic pain that has been around for a long time. Some have been through multiple medication trials and surgeries and have had pain for four to five years."

MANY FACES OF PAIN

Acute pain acts as the body's alert system, sending the alarm that something is wrong and needs to be attended to. It occurs suddenly, lasts a relatively short time and has a real, definable source. Acute pain often follows a traumatic event such as a fracture, a burn or surgery, though it can also result from an infection or illness.

With chronic pain, the body's alert system goes haywire, causing the pain to persist for prolonged periods—sometimes for months or years. The condition causes long-term changes to the nervous system that also affect sleep, emotions and daily activities.

According to the National Institute of Health, more than 50 million Americans suffer from chronic pain that results in more than \$100 billion a year in reduced productivity, sick time and medical costs. Chronic pain can cause a complex range of symptoms that often make finding and treating the source of the pain a challenge. Diabetes, shingles and some chemotherapy medicines can cause a type of chronic pain called neuropathic pain that results from damage to the nerves themselves. While patients complain of burning, numbness or tingling in an area, they may not be able to identify the exact point of discomfort.

RESTORING QUALITY OF LIFE

Rigert says the goal in pain management is to help patients to increase function and to restore quality of life, not just to decrease pain. "We teach people that they need to manage their pain, not let it manage them," he says. At Columbia Pain Management, practitioners use a comprehensive plan that may include cognitive behavioral therapy, physical therapy, medications, and minimally invasive procedures such as image-guided steroid injections and nerve blocks.

The first step in treating pain is to determine its cause. Even with patients like Mersereau who have structural problems that show up on MRIs or x-rays, that may not be what are generating the pain, says Rigert. "I tell people that an MRI or x-ray is like taking a picture of a house. It doesn't show problems with the wiring inside the house."

While the methods used to diagnose and treat pain have vastly improved over the past 20 years, there is no "pain scan" that can pinpoint the source of a patient's discomfort. Using fluoroscopy, a type of medical imaging that shows a continuous x-ray image on a monitor much like an x-ray movie, Rigert can visualize a suspected problem area in a patient's neck or back, place a tiny needle or catheter within one millimeter of precision, and administer a test dose of a numbing agent. If the patient reports pain relief, Rigert can administer a long acting pain medicine or a steroid to reduce the inflammation to the site. If the pain is not relieved, the needle can be repositioned and the test repeated until the source of pain is identified.

Mersereau says that within ten minutes of receiving a steroid injection under fluoroscopy, his pain was relieved. "After the first treatment, I could walk two miles each morning without pain," he says. He has had four additional injections in the past two years, each providing relief for up to three or four months.

Now retired, he enjoys a two-mile walk with his black lab about four times a week and makes an annual trip to North Dakota to hunt pheasants. "I recently had another MRI," he says. "My doctor told me that the problem was not severe enough for surgery and I should continue with the shots."

HOPE ON THE HORIZON

According to Rigert, further developments in the treatment of pain are expected within the next decade, including the use of stem cells for therapeutic spinal disc regeneration and medications that are less addictive and have fewer side effects than the opiates used in current practice.

While current pain sufferers often have to try several medications before they find one that works best, relief may soon come more quickly, thanks to a cotton swab and a simple DNA test. "Our genes that we get from our parents determine whether certain medicines work for us or not and whether we will have certain side effects," Rigert explains. "In the future, we will be able to swab the inside of a patient's cheek at the doctor's office and tell which medicines will be most helpful."

According to the National Institute of Health, more than 50 million Americans suffer from chronic pain that results in more than \$100 billion a year in reduced productivity, sick time and medical costs.

