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Patient satisfaction following intrathecal targeted drug delivery for benign chronic pain: Results of a single-center survey study

Targeted spinal drug delivery (TDD) is considered a last resort option for the management of patients with intractable chronic pain. Past studies have proven efficacy in pain relief, reduction in opioid use and cost-effectiveness in long-term pain management, however there are few studies investigating satisfaction amongst patients with chronic benign pain managed with targeted intrathecal medications using implanted pain pumps.

Our recent article titled *Patient Satisfaction Following Intrathecal Drug Delivery for Chronic Benign Pain: Results of a Single-Center Survey Study*, revealed remarkably high satisfaction with TDD in patients suffering from intractable, chronic, benign pain. Our study describes patient satisfaction with TDD in single medical practice for patients implanted with pain pumps for relief of chronic pain. Six hundred and ten active TDD patients were identified, and an anonymous 18-question survey was administered to determine satisfaction with TDD therapy. Four hundred and forty-three patients (74% of the active pump population) completed the survey. Most patients had a 40cc reservoir implanted in an upper buttock pocket site and overall, 91% of patients were happy with pump pocket location. 96% of patients reported significant benefit from TDD and over 85% reported improvement in quality of life. 94% reported improved pain relief and 60% reported good to excellent pain relief with TDD. 78% of respondents reported improved physical functioning after pump implant. 77% had not been to the hospital or ER at all since implant and another 15% reported seeking hospital care less often. Almost 90% of patients reported taking less systemic opioids after implant and nearly 40% had stopped systemic opioids completely. With regard to side effects, 93% of patients reported no or manageable side effects from TDD. In addition to our questions, we provided a free text box in the survey and asked respondents to supply any additional feedback in their own words. Although there were a few negative comments, the majority were very positive as per these examples:

“The pump literally saved my life.”

“I can honestly say that I would not be alive without the pump.”

“The pump is the best thing I ever did.”

“Best thing I ever did for myself and my family.”

Nonetheless, TDD continues to be a misunderstood and perhaps underutilized therapy. Most pain specialists consider TDD to be a last resort option and reserve it for the most complex and refractory pain problems, typically in patients with terminal cancer. Neurostimulation is a far more popular therapy for benign pain in the U.S. because it is considered less drastic and overall lower risk compared to continuous delivery of intrathecal medication. Unfortunately, some patients, especially those with nociceptive or mixed pain problems, will not experience pain relief with trial neurostimulation, and permanent neurostimulation implants have a significant failure rate over time with high rates of system removal. In view of the ongoing opioid crisis in the United States, we believe TDD offers a viable alternative to systemic opioids for the treatment of intractable chronic benign pain, providing better analgesia with fewer mental side effects. We conclude that intrathecal TDD therapy can relieve pain and improve quality of life in patients with intractable pain and offers a reasonable alternative to long-term oral or

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skin patch opioid management.

Recent Publications

1. Safety of Interlaminar Cervical Epidural Injections: Experience With 12,168 Procedures in a Single Pain Clinic. David M Schultz, Jonathan M Hagedorn, Alaa Abd-Elsayed, Scott Stayner. Pain Physician. 2022 Jan;25(1):49-58.
2. Indented intrathecal drug delivery system with loss of reservoir volume.
3. Vasudha Goel, Amol M Patwardhan, Mohab Ibrahim, Hariharan Shankar, David M Schultz Reg Anesth Pain Med 2019 May 12; rapm-2019-100516. DOI: 10.1136/rapm-2019-100516
4. Complications associated with stellate ganglion nerve block: a systematic review. Vasudha Goel, Amol M Patwardhan, Mohab Ibrahim, Carol L Howe, David M Schultz, Hariharan Shankar. Reg Anesth Pain Med. 2019 Apr 16; rapm-2018-100127. DOI:10.1136/rapm-2018-100127
5. Increased pain catastrophizing associated with lower pain relief during spinal cord stimulation: results from a large post-market study. Jason C Rosenberg, David M Schultz, Luis E Duarte, Steven M Rosen, Adil Raza. Neuromodulation. 2015 Jun;18(4):277-84; discussion 284. DOI: 10.1111/ner.12287
6. Cardiovascular effects of spinal cord stimulation in hypertensive patients. David M Schultz, Xiaohong Zhou, Ashish Singal, Shailesh Musley. Pain Physician Jan-Feb 2011;14(1):1-14.

Biography

David Schultz is a board-certified Anaesthesiologist with additional board certifications in Pain management from the American Board of Anaesthesiology, the American Board of Interventional Pain Physicians (ABIPP) and the World Institute of Pain (FIPP). He is Adjunct Professor of Anaesthesiology at the University of Minnesota, Executive Director of the Minnesota Society of Interventional Pain Physicians, and a member of the U.S. Medicare Advisory Committee. He is former president of the American Society of Interventional Pain Physicians (ASIPP) where he recently received a Lifetime Achievement award. He lectures and teaches and is a primary investigator for research studies focused on pain management. He founded Nura Pain Clinics in 1995 where he currently works full time as an interventional pain specialist. He is specialized in spinal injections and implantable pain control and routinely trials, implants and manages patients with neurostimulation systems and intrathecal infusion pumps.

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