

## Is your practice getting ready to transition to ICD-10-CM?

On October 1, 2013 the United States will join other industrialized countries by capturing and tracking its health care data using ICD-10-CM code sets. Find out how to prepare your practice for this transition.

3

## The cry of chronic pain

By David Hanscom, MD

EDITOR'S NOTE: Dr. Hanscom practices at the Seattle Neuroscience Institute of Swedish Medical Center and the Seattle Neuroscience Institute.

**About a year ago, I saw Grace; a 60-year-old businesswoman who'd suffered from chronic lower back pain for over 20 years. Fifteen years earlier she'd undergone a spinal fusion in her lower back. Post-surgery, her pain relief was minimal. In spite of the pain, she continued to function as the CEO of a small software company.**

YEARS LATER SHE HAD A SECOND fusion. After that surgery, not only did her pain worsen, she completely lost control of her bowel and bladder function. Her legs had weakened so much that she required crutches. Distraught, Grace was nearly consumed with anger and frustration at her diminished quality of life.

Unfortunately, Grace's story isn't unusual. As an orthopedic surgeon with 25 years experience, this is the kind of case I see in my office nearly every week: chronic pain patients whose surgery has left them severely debilitated. How did Grace end up looking to surgery to "fix" her chronic pain? Her journey is one that I've seen in many of my chronic pain patients, who are in various stages of spiraling downward. They end up in a place I call the "abyss"—a desperate physical and mental state.

I see these patients in my role as a "salvage surgeon." They come to me after they've had failed—often multiple—

spine surgeries. Many times when I review the old records, I feel the first operation could have been avoided with aggressive rehab. In most cases, there is nothing else surgically that I can do to relieve their pain. When I do perform surgery to salvage the situation they are often major operations to deal

*continued on page 2*

## Alliance to ask patients about their "care experience"

By Lance Heineccius, director of Health Care Improvement, WSMA Foundation

**This fall the Puget Sound Health Alliance will conduct a survey called "Your Voice Matters" to ask patients about their experiences of care.**

PATIENTS MAY QUERY THEIR physicians about the survey once it is launched; the purpose of this article is to alert physicians to the survey and supply the information they need to support patients' participation. The mail-based survey should be in the field no later than early October, with results available by March 2012.

"Patient experience is broadly recognized as a core element of health care quality. If we want to deliver on patient-centered care, we have to measure, understand and improve what patients' value," says Susie Dade, deputy director of the Alliance and the coordinator for the survey.

"We're interested in measuring

*continued on page 4*

Published four times per year by the Washington State Medical Association  
2033 Sixth Avenue, Seattle, WA 98121  
(206) 441-9762 or 1 (800) 552-0612

Website: [www.wsma.org](http://www.wsma.org)

EDITOR: Jennifer Hanscom  
[jen@wsma.org](mailto:jen@wsma.org)  
(206) 441-9762  
1 (800) 552-0612

WSMA PRESIDENT: Dean Martz, MD  
[dmartz@neuroandspine.com](mailto:dmartz@neuroandspine.com)

Washington State Medical Association

WSMA

Physician Driven  
Patient Focused

with severe structural problems that are much worse than the original pathology. With or without surgery, I take a “surgical approach” to rehabilitation and don’t give up until they are functional. It may take several years to regain a full life.

### The Journey into the Abyss

Suffering a back injury is frightening. Patients typically have a range of anxieties: the integrity of their spine, possible paralysis, ability to work, long-term prognosis, possible cancer...and the list goes on. The pain is often severe. Being in chronic pain is like being forced to keep your hand next to a flame and you can’t escape.

Treatment usually starts with diagnostic testing. Most back injuries are strains/sprains to the supporting soft tissues. Test results typically come up negative, as this type of injury isn’t usually identifiable on a test. Lack of a firm diagnosis is extremely frustrating for the patient.

Next comes physical therapy, acupuncture, chiropractic care, injections, etc. Often, these do nothing to help the pain. Anxiety turns into frustration, which can morph into anger and even rage.

The insults mount. Employers let them go. Family and friends no longer believe they are really in pain. Patients are left feeling that no one is listening to them. Once they have a diagnosis of

**Surgery is not helpful when the source of the pain is unclear, which is the majority of cases. If I can’t see the problem clearly on a diagnostic test, how can I be assured that I have a chance of surgically solving it?**

“chronic pain” they are labeled and treatment is usually palliative. As there’s seemingly no way out of their predicament desperation sets in.

As I’ve seen with most patients, this hopelessness can lead them to a dark place in their mind. They feel

their life collapsing into a black hole. This is what I call the “abyss.” The longer there are no answers, the more obsessed the patient becomes with finding the one answer that will solve all their problems.

### The Surgical Promise

When you have reached this state of mind how can

you turn down surgery? The surgeon walks in the room and holds out the promise of a “definitive solution.” This scenario is why almost half a million spine fusions are performed annually for low back pain on normally aging spines. But consider the facts. Two years post-surgery, less than 30% of patients experience less pain than before. There is a 15-20% re-operation rate within the first year. This doesn’t even include the complication rate, which may leave patients with wound infections, blood clots, or pneumonia, among many other health problems.

Surgery is not helpful when the source of the pain is unclear, which, again, is the majority of cases. If I can’t see the problem clearly on a diagnostic test, how can I be assured that I have a chance of surgically solving it?

### Out of the Abyss

When you’re in chronic pain, your nervous system becomes “fired up.” The brain becomes sensitized, requiring less of an outside impulse to elicit the same pain response. Eventually these pain pathways will be imbedded in the nervous system. Then with lack of sleep, increasing anxiety and frustration, the perception of pain spirals upward.

It’s impossible to effectively treat any chronic pain patient when his nervous system is sensitized; for instance, muscle work in physical therapy will elicit an exaggerated pain response and is not tolerated.

To calm the central nervous system a good rehab program must first effectively address factors such as sleep and stress management. Medications may be judiciously used for short-term relief. The subsequent physical therapy is much more effective.

In the evolution of chronic pain, there’s a point when the descent into the abyss can be reversed, but the medical community is failing to effectively intervene. Instead, patients are shuffled from treatment to treatment, with no plan or organization of their care. Many opt for surgery, even if it comes with severe risks and limited chance of relieving their pain over the long term. The spine surgery community cannot continue to offer surgery when the source of the pain is unclear. “First do no harm” and listen.

### For more information

Contact me at [dnhanscom@hotmail.com](mailto:dnhanscom@hotmail.com) or visit my website at [www.doccproject.com](http://www.doccproject.com). ●