

Multidisciplinary Pain Management
Head Office at 33°57'16.54"S 18°29'26.91"E

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Patient Information

This information is designed to provide you and your family or home care givers with the resources to understand what we can do to treat pain. Each patient is different and a careful process of evaluation, treatment and post treatment rehabilitation planning is essential to achieve good results. Your participation in this process is critical as rehabilitation is an equally important part of the process. Taking the medication, proper rest or care of the affected area, performing the rehab exercise, keeping your follow up appointments all are important.

Treatment team

Pain management requires a team of professional healthcare providers including doctors, nurses, physiotherapists, biokineticists, pharmacists and support staff. We strongly encourage you to see your GP as the co-ordinator of your care and the person to whom you and we can rely on to provide community based monitoring of progress and the collation of your total medical record. We do not provide general medical services - we support and provide specialist treatment input to your overall healthcare. If your doctor needs our advice, we are always willing to talk to them. We give regular pain management talks and training to medical colleagues to assist their management of pain.

Attending our clinics

Patients are permitted to see specialists directly, however we strongly encourage you to be referred by your family doctor or specialist colleagues. All new patients are required to complete a pre-assessment form. We appreciate being able to send a professional letter of what we have done for you and what medications and treatments we have prescribed back to your healthcare co-ordinator. This will improve everyone's ability to provide appropriate and cost effective medical care and to understand your overall medical needs. Please bring with you a referral letter, your list of medical problems, current medications, appropriate x-rays and other investigations.

Satisfaction

A clear and realistic expectation of what treatment is possible, what it entails, its risks and benefits is essential for you to benefit from our management. Some pain types and conditions are quick and easy to treat, others are complex and prolonged. Some pain can be expected to be well treated and be "close to or completely gone" following treatment. Some causes of pain can only be partially managed. Your history, preceding treatment and current condition guides our assessment. The more comprehensive your completion of the assessment forms, the "work-up" by your family doctor and the referral; the better your potential satisfaction with our treatment.

Treatment information

What follows are various sources of further information which should answer most questions about modern pain management. We are happy to address any other questions you may have.

MDC Pain Clinics: Treating Pain

Chronic pain assessment >

- <u>Pain Management Diagnosis & treatment options.</u>
 Maastricht Pain Service patient information
- <u>Diagnostic & management pathway for back</u>
 <u>pain</u>
- Department of Pain Medicine & Palliative Care
- Low Back Pain & Sciatica
- Interventions in chronic low back pain

Pain has many aspects to it - understanding pain is important to treat it effectively >

• Pain and Emotional Distress

Diagnostic work up science - Tests, Scans, "Lab work" >

- Terminology for CT scans and MRI scans (Lumbar region)
- <u>Terminology for CT scans and MRI scans</u> (Cervical Region)
- MRI Scan
- Radio Isotope Scan
- CT Scan

- Tests and Scans
- EMG
- Discogram
- Nuclear imaging: PET & SPECT
- <u>Myelogram</u>

For X-rays / Bone Density Scans / CT / MRI

Click here to find a Mortons branch nearest to you

For Nuclear studies (SPECT/ PET)

We use > Dr. Pieter Botha, T: 021 683 0535/6, F: 021 683 0559, 12 Wilderness Lane, Claremont

Good websites for understanding the procedures we do for pain. "put mouse over topic & control-click"

Cervical Spine

- Neck Pain
- Cervical Slipped Disc
- Cervical Spondylotic Myelopathy
- Whiplash Injuries

Non-invasive procedures for cervical / neck pain

- Possible Surgery Risks
- Cervical Radiofreguency Rhizotomy (RFR)
- Cervical Nerve Root Block

Conditions affecting the lumbar spine

- Spondylolisthesis
- Back Pain
- Lumbar Slipped Disc
- Kyphosis and Scoliosis
- <u>Lumbar Spinal Stenosis</u>
- Osteoporosis

Non-invasive procedures and surgery

- Kyphoplasty and Vertebroplasty
- <u>Lumbar Radiofrequency Rhizotomy (RFR)</u>
- <u>Lumbar Nerve Root Block</u>
- <u>Lumbar Facet Block (FB)</u>
- <u>Caudal / Sacral Block</u>

Other very good information & videos on line showing many of the diagnoses & procedures we perform

- <u>Facet rhizotomy & sacroiliac joint block</u> injections video
- <u>Lumbar radiofrequency neurotomy video</u>
- Neuroplasty / Neurolysis video

- <u>Univ. Maastricht Pain Service</u>
- Manufacturers information
- Radiofrequency treatment

MDC Pain Clinics

MDC Pain Clinics: Treating Pain

Treatment in theatre

- Anaesthesia
- Going to Theatre
- Your Back Operation and Possible Surgery Risks

We generally use one of the following hospitals for short or long stay procedures

- Claremont Hospital > <u>Claremont Hospital</u>
- Kingsbury Hospital > Kingsbury Hospital
- Strand MediClinic > Strand Mediclinic
- Swakopmund Mediclinic Cottage Hospital > Swakopmund Namibia Mediclinic
- N1 City Hospital Interventional Centre N1 City Interventional Centre
- Rondebosch Medical Centre Rondebosch Clinic

Caring for your Spine - common questions & answers

- Anatomy of the spine
- Intimacy After Surgery Sexual activity
- Working After Surgery <u>Moving and lifting objects</u> <u>Sitting and correct sitting posture</u>
- Exercise & Sport
- Pregnancy and child care
- Back Exercises After Surgery

MDC Pain Clinics: Treating Pain

What to expect following interventional pain treatment?

- Please remember we have not changed the bio-mechanical structure of your back. We have hopefully
 given you as close as we can to complete remission from your pain. We expect this procedure to last up
 to 3 years. During this time you have to get your back muscles stronger to provide the support your
 back needs.
- 2. 0 days > If we have found the right spot you should feel much easier in the 12 hours after treatment than before. This is the effect of the long acting local anaesthetic we use to infiltrate the area before and after the radio frequency neurolysis.
- 3. 0 days > starting the evening when you get home. Begin the pain medication immediately as the local anaesthetic will wear off. If you are not covered by pain medication you will feel pain returning this time from the local inflammatory effect of the procedure. This will subside during the course of the medication cover we have provided.
- 4. 10 14 days > there might be some residual pain but it should be well reduced from the pain before you had the procedure.
- 5. 20 30 days > You can begin physiotherapy. Your back rehabilitation begins now but should become a lifetime habit. The pamphlet we gave you will guide you and your physio as to what we would like you to do.
- 6. 30 days+ > you should be well on your way to being recovered. We would like to see you for follow up at this time. If you are one of our remote patients, We would either like to receive an email from you to tell us (in the above time frames) exactly what you felt and how your recovery progressed, or you can Skype us and talk to us directly. If you would like to do this, please schedule this via Colleen our office coordinator at "Pain Clinic" < reception@claremontpainclinic.co.za >, or Tel +2721 6837620/1, Fax +27216837619
- 7. Following your treatment with us; if you, your GP or Physiotherapist have any questions, need advice or are unsure as to what to do Please contact us straight away!

EXERCISE ADVICE (Generally, From 20 days post procedure - but if it hurts don't force yourself - consult your physiotherapist , and contact us!!)

DO NOT DO: (Particularly Senior patients (> 60 years of age) and / or patients with arthritis of the spine)

- 1. Running (jogging) on tar roads.
- 2. High impact aerobics.
- 3. Weight circuit exercises that involve pushing weights above your chest / shoulders.
- 4. Extension exercises ie. bending backwards.

GOOD EXERCISES ARE:

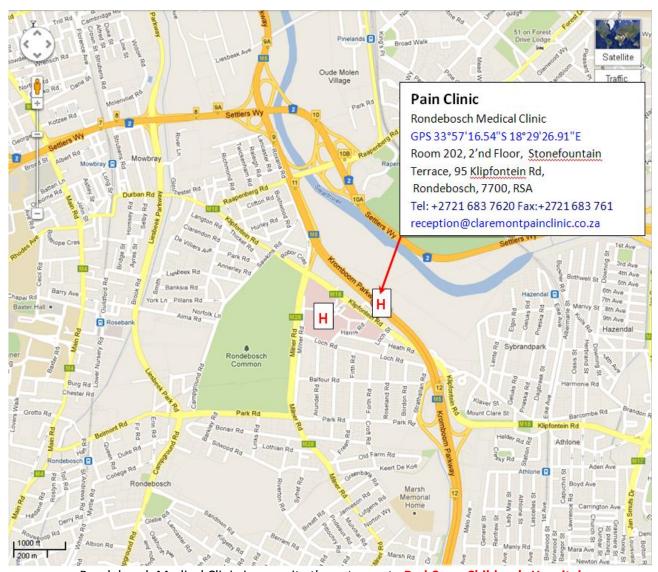
- 1. Swimming Backstroke / Freestyle.
- 2. Speed walking on grass.
- 3. Cycling or spinning.
- 4. The exercises we have included in this information

Useful internet sites to look at to	Rehabilitation - mostly we agree with but discuss with us first!
help you with your rehabilitation	Spine Health - Rehabilitation
and return to good health!	Spine ricular Remadification

We hope you have found this information useful and that it has given you a comprehensive picture of what we offer.

Pain Clinic

MDC Pain Clinics



Rondebosch Medical Clinic is opposite the entrance to Red Cross Children's Hospital

Parking - ample parking, covered & uncovered

From the street

You will enter through the main hospital entrance. Pass the security desk and head down the passage to the end where there are lifts. *Go up to the first floor*. As you exit the lifts you will be in a parking garage. Bear left following the blue line in the floor. Pass the booms and in front of you will be the entrance to the consulting rooms. The Pain Clinic has signs pointing you in the right direction.

Covered Parking

Behind the hospital is an entrance to the covered parking – clearly signed. <u>Proceed up to the first floor</u> and <u>immediately as you enter the booms the consulting rooms will be behind you</u>. The Pain Clinic has signs pointing you in the right direction.

Parking behind the hospital - uncovered parking

If you park behind the hospital, use the entrance to Stone Fountain Terrace. Security will direct you to the lift. *Go up to the second floor*. As you exit the lift turn to your right. The Pain Clinic has signs pointing you in the right direction.