



Keep Doing What You Love

Oroville Hospital's comprehensive pain management
program can help you improve your quality of life



Oroville Hospital

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Break Free From Pain

If you are living with pain, you are not alone.

According to the Institute of Medicine, 40 percent of American adults suffer from chronic pain. It's one reason people visit Oroville Hospital, or any health provider for that matter.

But how do we treat it?

Taking pain away with a pill sounds easy, but prescription painkillers can come with risks, including dependency. It's much better to find the source of the pain and relieve it in the safest, least invasive manner possible. That is why Oroville Hospital created a Comprehensive Pain & Spine Center to give chronic pain patients a broad spectrum of treatments to meet their needs.

With Oroville Hospital's comprehensive approach, our team of pain management specialists will work alongside your primary care physician and other specialists to include pain management in your overall treatment plan. Pain Management Specialist Dr. Nick Brar is bringing a spectrum of cutting-edge interventions to Oroville, many of them never before offered to patients here. Interventional Radiologist Dr. Ched Lohr uses imaging for diagnosis and guidance while performing minimally invasive procedures to treat pain.

If you've been living with pain, there's never been a better time to explore ways to break free from it.

**- Robert J. Wentz,
President
and CEO of
Oroville
Hospital**



Thinking Beyond the Pill

Oroville Hospital's Comprehensive Pain & Spine Center offers a better approach to treating pain

BY MICHELLE CARL

Pain is a part of life. But it doesn't have to be a part of your life every day. Pain serves a purpose to alert our bodies to a problem. But when pain prevents us from carrying out daily tasks or recreational activities we want to do — like walking, golfing or even skydiving — it can cause great emotional and physical harm. In fact, experts believe chronic pain can cause changes in our brains and should be treated like a disease.

Medical professionals have a moral responsibility to relieve pain. Until recently, doctors were trained that the best way to treat pain was with prescription opioids.

Opioids are substances that are derived from or mimic opium. They relieve pain, dull the senses and cause deep sleep. But what we know today is that they can be highly addictive and are not good at treating long-term pain because patients develop a tolerance over time.

The over-reliance on prescribing opioids has had a devastating side effect: It has led to a national addiction crisis.

After recognizing the need to help patients get off opioids and offer them alternatives for controlling the pain, Oroville Hospital developed its Comprehensive Pain & Spine Center. The center provides a comprehensive

approach to pain management, with treatment for opioid addiction as well as pain interventions that patients may have never been offered before.

"Oroville Hospital is a medical home and focuses on patient care. This makes the comprehensive approach [to pain management] possible."

Dr. Nick Brar

Oroville Hospital interventional spine & musculoskeletal specialist

In 2015, the hospital recruited Dr. Nick Brar, a pain management specialist who represents the health care industry's changing view of treating pain. Dr. Brar is an assistant clinical

Oroville Hospital Pain Management Specialist
Dr. Nick Brar discusses options with a patient.
PHOTO BY TREVOR RYAN



professor of anesthesia and pain medicine at the University of California, San Francisco. He explains that while some physicians look at the physical structures that may be broken (say a fractured spine), pain management specialists address the pain associated with the problem. They also consider the psychological factors that cause pain (like depression), as well as ways to prevent it (like adaptive devices that can help prevent injury). Primary care physicians, specialists and pain management specialists can all work together to improve the patient's overall health.

"We're in a unique situation because Oroville Hospital is a medical home and focuses on patient care," he says. "This makes the comprehensive approach possible."

Pain management specialists have many tools for treating pain and can help patients navigate these options. These include non-invasive approaches, such as exercise, physical therapy or over-the-counter medicine, and minimally invasive interventions, such as spinal injections or implanted devices.

"Sometimes people need a combination of different treatments. It just depends on the patient," Dr. Brar says. "No matter what combination we use, the goal is always the same — to maximize your function."

Living Life Pain-Free

Pain management doesn't always involve a pill

BY ANNE STOKES

All it took was a single stumble to throw Marybeth Little's whole life out of balance. In October 2015, the 66-year-old was organizing a yard sale at her Oroville home when a shelf she was leaning on gave way, causing her to flip over.

"I didn't think much of it because there was nothing broken, there was no blood, there was nothing that indicated a really serious problem," she says. "But within the next couple of days I started getting this horrendous sciatic pain coming out of the lower left side of my spine shooting across my left hip, down my leg all the way down to my big toe."

Under the care of her primary physician, tests revealed nerve damage in her lower back that couldn't be fixed through surgery. Little was referred to Pain Management Specialist Dr. Nick Brar.

Prior to receiving injections, Little tried a more conservative approach to pain management, which included ibuprofen, physical therapy, acupuncture and ice packs, but it wasn't effective. She was hesitant to take painkillers because they could only offer a few hours of relief at a time. She also was worried about becoming dependent on the medication if she used it for a long time. She decided that for her, taking painkillers wasn't worth the risks.

"Now I feel like my old self."

Marybeth Little
Oroville Hospital
Comprehensive Pain &
Spine Center patient

By mid-January, Little saw Dr. Brar, who recommended steroid injections in her lower back to treat her pain. The outpatient procedure reduces nerve inflammation by injecting steroids into the spine using an X-ray-guided needle. The treatment provided instant relief.

"By the next morning, I felt like a brand new woman. I couldn't believe it!" she says. "That pain was so debilitating that I literally couldn't get anything else done, I was consumed by that pain. Now I feel like my old self."

The pain relief lasted nearly three months, at which time she was able to repeat the treatment with lasting results. Little says that thanks to Dr. Brar, she has been able to resume her everyday activities: driving, grocery shopping, caring for her five rescue dogs, even packing up and moving out of her old 3,000-square-foot house — things she says she was unable to do while in pain.

"I'm back to handling my dogs, I'm back to fitness walking, I'm back to unpacking my house pretty much on my own and dealing with the boxes, just all of the stresses of everyday life," Little says. "To be out and about now whenever I need to or want to, it's a blessing."



Understanding your pain

If you are living in pain, one of the first steps on the path to feeling better is understanding the type of pain you have. **Two simple ways of defining pain are by the length of time pain lasts and the location in the body.**



Pain by time frame

Acute: Short-term pain that occurs after an injury that does not last beyond what would normally be expected.

Chronic: Pain that lasts longer than would be expected after a trauma or injury.



Pain by location

Somatic: Normal "wear and tear" surface pain, including discomfort caused by cuts, broken bones, a sprained ankle, etc.

Visceral: Pain generated from internal organs or tissue inside the body. This can include chest or abdominal pain, and tends to be more of a dull ache than a sharp pain.

Neuropathic: Often described as burning, tingling or "pins and needles," this pain is caused by a malfunction of the nerves.

Be alert!

If pain feels abnormal, talk with your doctor, who can help you identify the type and reason for pain.

Rosa Heinrich, 86, is looking forward to resuming her active lifestyle after a sacroplasty procedure helped heal painful fractures in her lower spine.
PHOTO BY TREVOR RYAN



Nothing Holding Her Back

Procedure helps patient return to active lifestyle

BY ANNE STOKES

Rosa Heinrich is used to being on the go. The retired nurse and health care educator loves to travel. She does yard work with a tractor mower. And rather than taking it easy for her 80th birthday a few years back, she went skydiving.

But last April, Heinrich slipped and fell at her home and went from being an active 86-year-old to being bedridden. Tests revealed she had fractured her sacrum, or lower spine.

"I thought I was being cautious, but I wasn't, and I slipped and I fell," she says. "It turns out that when they got in there, there were nine small fractures. In that area you really can't put a cast on it."

Soon after, Heinrich was referred to Dr. Ched Lohr with Oroville Hospital's Interventional Radiology Department. Dr. Lohr performed a sacroplasty, a procedure that involves stabilizing sacral fractures with biological bone cement.

Sacroplasty generally results in an immediate 50 percent reduction in reported pain with few, if any, complications. Patients report additional pain reduction — up to 90 percent — within the first year post-surgery, and with less pain, patients need less

pain medication. Heinrich, however, admits that medication would not have been a viable solution for her because of the side effects of painkillers.

Although still in recovery, Heinrich is no longer confined to her bed. She has been able to return to most of her daily activities and gets much-needed relief from severe pain. She was very pleased with the results of her procedure and her experience with Dr. Lohr.

"He did a wonderful job, which allowed me to walk and to be pain free," she says. "I've encountered many, many physicians and people in the profession, and I have never met or had a relationship with a physician ... who is as professional, who is as prepared and focused on the patient's welfare overall (as Dr. Lohr)."

Although it will take time for her fractures to completely heal, Heinrich is optimistic about returning to the active lifestyle she enjoyed before her accident. However, her sights are set on loftier goals than just walking pain-free again.

Next on her to-do list?

"Zip-lining — I haven't done it yet," she says. "And as soon as I am able, I was talking about skydiving again."

"[Dr. Lohr] did a wonderful job, which allowed me to walk and to be pain free."

Rosa Heinrich

Oroville Hospital Comprehensive Pain & Spine Center patient



Dr. Ched Lohr is Oroville Hospital's interventional radiologist.
PHOTO BY TREVOR RYAN

Suboxone Gives Patients a Second Chance

For those addicted to opioids, the Comprehensive Pain & Spine Center is a place to turn

BY NATASHA VONKAENEL

With the country in the midst of an epidemic of opioid abuse, administrators at Oroville Hospital felt an urgent need to create more robust medical and support services for people experiencing addiction. In 2013, Oroville Hospital opened its Pain Management Program, the first of its kind in the region.

Dr. Mark Heinrich, director of emergency services/ chief medical officer of outpatient clinics, says watching the change in patients has been “almost miraculous.”

“Addiction destroys your life,” Dr. Heinrich says. But with the help of medication and addiction counseling, “in a relatively short and amazing period of time, these people get their lives back.”

Patients are prescribed Suboxone, a medication that blocks the effects of opioids and suppresses withdrawal symptoms. Compared to other drugs that treat addiction, Suboxone has a relatively low abuse and overdose potential. It is taken by placing it under the tongue, helping to break the pill-popping habit.

For patients like George, Suboxone has made his struggle with addiction virtually disappear. George, whose last name is omitted for privacy reasons, became addicted to opioids in his late 50s after being prescribed hydrocodone for chronic back pain.

When George was first prescribed Suboxone, he says, “It made me wonder why I had never heard

“[With Suboxone], I could have saved myself several years of using these pills.”

George
Patient at Oroville Hospital’s Comprehensive Pain & Spine Center

about it before. I could have saved myself several years of using these pills.” With Suboxone, “I had no withdrawals ... There was no battle to quit. It was just over,” he says.

For patients who come in on high levels of opioids, it can take some time to taper their usage before transitioning to Suboxone. During this period, these patients’ overnight oxygen levels are checked and regular urine toxicology screens are performed. For safety, family members are also given training on how to use naloxone, a drug that stops fatal overdose.

In addition to taking Suboxone daily, patients see an addiction counselor regularly and are encouraged to attend local support meetings, like Narcotics Anonymous.

“It helps a lot to be able to talk to somebody not in your immediate family,” George says, adding that recently he had thought about using opioids again. After talking with his counselor, he says, “I haven’t thought about it again anymore.”

Dr. Heinrich wants anyone experiencing opioid addiction to

know there is still hope.

“There is going to be a little bit of work,” he says. “But it is much easier than what they are going through daily with their addiction. ... Once they get induced on the Suboxone, then they can focus on getting their life back.”



Prescribing guidelines help prevent abuse

Oroville Hospital has developed safe prescribing guidelines that ensure no patient is prescribed more medication than they need, reducing the chances of abuse of prescribed opioid medications.

Electronic health records

Any interaction a patient has with a medical professional in the Oroville Hospital system is recorded in their electronic health record. This helps medical professionals across all departments give patients the safest, most informed care possible.

CURES report

Before prescribing opioids at Oroville Hospital, physicians search for a patient’s name in the CURES report, a database of all controlled substances prescribed and filled in California. This ensures no patient is prescribed unnecessary medication.

Narcotic policy

All patients prescribed opioids for chronic pain in the Oroville Hospital system are referred to the Comprehensive Pain & Spine Center for a consultation to determine the proper dosage. This ensures all patients are prescribed opioids at an appropriate level.

The Spectrum of Pain Management Options

Today, patients have a wide array of pain management options to choose from, ranging from conservative approaches to cutting-edge techniques that are more invasive. Your doctor will help you choose what's best for your type of pain, typically starting with a less invasive approach.



Over-the-counter medications

Depending on the condition, there are many over-the-counter options to alleviate pain. These include anti-inflammatory medications, topical creams and rubs, as well as muscle relaxants to reduce muscle spasms.



Therapy treatments

This broad category includes three types of therapy:

Physical/occupational therapy is considered a safer way to manage pain than going straight to prescription medications. Physical or occupational therapists can help patients manage or reduce their pain and expand their range of function.

Chiropractors can help treat neuromuscular conditions through massage or by making spinal adjustments.

Psychological therapy can help patients with chronic pain take a new perspective. "Sometimes people have to learn to live with their pain and learn how to think about their pain in a different way," says Dr. Nick Brar. These patients can maximize their body's function by changing their mindset.



Interventions

Interventional therapies can be used when more conservative approaches are not effective. These innovative techniques include:

Musculoskeletal injections can be used in cases of pain stemming from arthritis or a specific injury. Steroid injections help decrease inflammation, reducing the symptom of pain temporarily as the injury heals.

Radiofrequency ablation is a type of thermal ablation that can be used for patients experiencing nerve pain as well as a palliative care option for patients with cancer. For instance, if a tumor is causing pain in the bones, imaging is used to guide the placement of one or multiple probes into the bone or tumor. The ablation uses heat to destroy tissue so pain is minimized.

Device implants allow a patient to manage their own chronic pain. A device like a neurostimulator, or spinal cord stimulator, can be surgically inserted under the skin, allowing a patient to release an electrical pulse that blocks the pain signal from connecting to the brain. Drug pumps let patients deliver a controlled amount of medication directly to the spine, which can treat pain with less medication than a patient would take orally.

Kyphoplasty is an invasive treatment option for patients who have acute vertebral body fractures within the mid and inferior spine. These fractures typically cause severe pain that limits mobility. During this procedure, a sedated patient lays face down while a doctor uses X-ray imaging to guide a needle into the bone that is fractured. A cavity is created in the fractured portion of the bone and expanded with a balloon catheter. Cement is then placed within the cavity to stabilize the injury. The procedure typically takes about 30 minutes.

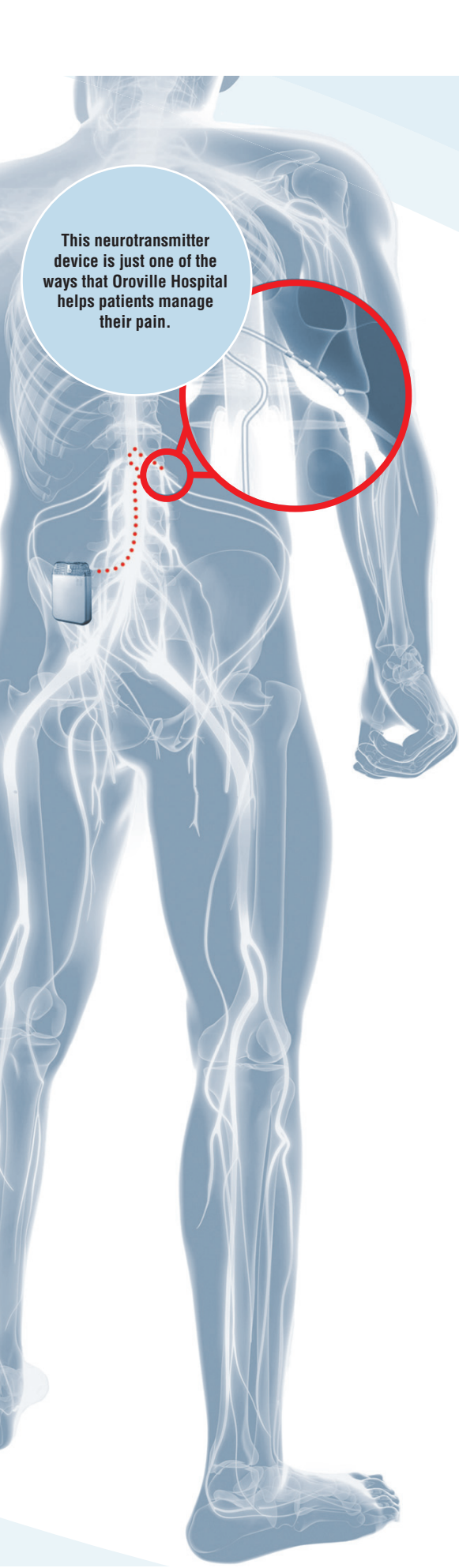


Prescription medications

Some patients benefit from a variety of prescription pain medications. Terminal patients can maximize their quality of life with prescription meds. When taking opioid medications, patients should take as low a dose for as short a period of time as possible.

There is no one-size-fits-all approach to managing pain. Talk with your doctor to find out which treatments, or combination of treatments, can best be used to manage your pain.





Your Pain Questions Answered

BY KATE GONZALES

This neurotransmitter device is just one of the ways that Oroville Hospital helps patients manage their pain.

Pain management looks different for each patient, and the health professionals at Oroville Hospital can help everyone navigate the best treatment options. Here are the answers to some frequently asked questions about pain management:

What does a pain management specialist do that's different from my primary care physician?

Pain management specialists can go the extra mile in treating a patient's pain. In addition to medical school, they have at least four additional years of training in fields like physical rehabilitation, anesthesiology and neurology, and one year of fellowship training in pain medicine. They are trained to diagnose, treat and help manage painful conditions and have the tools and expertise to perform various treatments.

What are some of the treatment options available through a pain specialist?

Pain management specialists can offer an array of possible treatments, starting with conservative options like referrals to an occupational therapist, a chiropractor or an acupuncturist. They can also perform more invasive treatments like kyphoplasty to treat pain from vertebral compression fractures and steroid or musculoskeletal injections to decrease inflammation and reduce pain. A pain management specialist can determine which treatment may work best for a patient, and offer alternative options if a particular treatment is not effective.

What are opioids and why are they so addictive?

Opioids are pain medications such as hydrocodone, morphine and oxycodone that help block pain signals from reaching the brain. However, they can have serious side effects, including altering a patient's mental status and suppressing the neurological system. If a patient uses opioids for a long period of time, the drugs can actually worsen physical pain. If it's necessary to take opioids for pain, it's best to take the smallest dosage for the shortest period of time possible. Never stop taking prescription medication without first talking with your doctor.

What are some warning signs that I am becoming dependent on prescription opioids?

- Anxiety attacks
- Depression
- Irritability
- Decreased motivation
- Inability to decrease the dosage
- Using opioids more than prescribed
- A lack of appetite
- Sleeping challenges

When discussing pain with my doctor, what are some of the questions I should ask?

It is important to discuss pain management with your doctor. Ask questions including:

- What does my pain management plan look like?
- If I am prescribed opioids, when should I stop taking them?
- How have other patients responded to the treatment or procedure I will undergo?
- After a pain management procedure, how will my recovery be monitored?
- What are warning signs that something has gone wrong after a procedure?
- What are non-invasive options to treat my pain?

I have cancer. What pain management options work best for me?

Treatments for cancer, such as chemotherapy, radiation and surgery, can be painful for patients. If a patient is terminal, a pain-management goal can be to preserve the best quality of life possible. In some of these cases, narcotic medications may be appropriate to help a patient tolerate the pain caused by treatment.



You're Covered

Oroville Hospital's Comprehensive Pain & Spine Center

We recognize that pain can be debilitating for many people. Comprehensive treatment methods incorporate targeted therapeutic injections, physical and occupational therapy, and counseling to encourage whole body wellness. Our goal is to help patients reduce pain while regaining function.

Common conditions treated include:

Neck pain
Cancer pain
Low back pain

Major joint pain
Functional abdominal pain

Complex regional pain syndrome
Opioid Dependency

Start a conversation with your doctor about pain management

Whether you have chronic pain, a recent injury or an upcoming surgery, it's important to discuss pain management options with your doctor. Patients, physicians and pain management specialists will work together to create a comprehensive pain management plan that works for you.

Be sure to discuss:

- ✓ Medications that have worked well and not worked well for you
- ✓ Allergies you have to any medications or drugs

- ✓ Side effects of pain medications that might occur
- ✓ Prescription and over-the-counter medications you take for other conditions

- ✓ The best way of administering pain medication for you

Brought to you by Oroville Hospital as a community service. The information provided has been compiled to the best of our ability and is believed to be current.

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