

# Your guide to pain management

Improving the experience of  
long term pain



## **Who is this leaflet for?**

This booklet is written by the Pain Services Team and provides an explanation of how Cornwall Health Services provide Pain Management treatments. This is an evidence-based approach, supporting people with constant, persistent (long-term) pain to improve the quality of their life.

Long-term pain is often severe and devastating; affecting sleep, work, physical activities and social life, mood and energy levels and relationships. Pain management helps to improve the quality of your life, even with pain. The Pain Management team works on the opinion that whatever other medical treatment you may still be having or expecting, your pain is unlikely to be significantly improved.

Pain Management does not involve treatments that are 'done to you' such as injections, surgery or medication. You don't have to wait for all medical treatments to be completed to have an appointment with us, but we do expect you to regularly practice the skills we teach you.

## **What is chronic (persistent) pain?**

In medical terms, pain is broadly divided into two types, 'acute' and 'chronic'. Acute pain is directly related to something that has been recently damaged such as a broken bone, a sprain, surgery, infection, skin and nerve damage. Acute pain is related to the need for the body part(s) to heal and the healing of different body tissues takes specific times (rarely more than 6 months). Healing requires the body to go through particular processes including bleeding, bruising, inflammation, 'consolidation', scarring and remodelling. By the time remodelling is occurring, acute pain has settled down; most of the healing process is complete. Healing is not always the same as 'being as good as new'.

Chronic pain can start without injury; it can come on gradually or it may start as an acute pain but fail to go away when healing is completed. There are many long term conditions which are associated with chronic pain including, for example: migraine, osteo-arthritis, whiplash, fibromyalgia, nerve damage, endometriosis, IBS, surgery, after infection (for instance, shingles or salmonella) and amputations. It is estimated that 14 million people in the UK have chronic pain – not all of them need help but for many (possibly 1 in 4) the pain is the main reason why people seek help.

## Acute pain

- Essential to life
- is a warning of damage or potential damage
- related to healing
- time-limited
- requires action
- usually a symptom

## Chronic pain

- not a warning of damage or danger
- limits life
- persists beyond healing times
- is a long term condition – may also be a symptom

### **Surely pain means I may damage myself more – I have not healed properly?**

Acute pain is an indication of something wrong; it can be a warning of further harm. Chronic (persistent) pain may be a symptom but is also a diagnosis in its own right. Chronic pain is **not** related to healing.

People often talk about fighting the pain, not giving in, pushing through it. Others believe that unless they rest, the pain will not go away. This may be true for acute pain but is rarely true for chronic pain, particularly if it is related to the muscles and joints.

“{the most meaningful part of the course was} accepting that the pain will always be a part of my life, but pain need not always dominate my life.”

Unless you are very ill, body parts (the ‘tissues’) heal between 3 weeks and 6 months. Within 2-4 years the affected tissues will be completely renewed – they will be as good as they are going to get. If you have pain for more than 3 months and the initial diagnosis has been confirmed but treatment has not made any real difference you are at risk of developing chronic pain.

Acknowledging that your health condition involves chronic pain is the first step toward trying a different treatment approach. Changing how you behave toward the pain can reduce the emotional struggle, saving your energy for other, more pleasurable activities.

## **What are the effects of chronic (persistent) pain?**

Pain can have a significant impact on people, but it isn't easy to measure and it cannot be seen. There is no single treatment which can cure everyone's pain and many people have to learn to live with it – in the same way as people with other chronic conditions such as stroke, diabetes and heart and lung conditions accept that their lifestyle has been changed by their health condition.

Unfortunately, chronic pain is not always recognised for what it is. It is often assumed to be and treated as acute pain for far too long. The Pain Management team recognise its significance and we support people with chronic pain.

The diagnosis of chronic pain does not always mean that there is nothing more that can be done medically, but many people 'put their lives on hold' waiting for that remedy. Searching for a cure is completely understandable; it is hard to accept that nothing else can be done. However, in our experience, many people's lives deteriorate; chronic pain can disturb sleep, restrict activity, lower mood. People spend a lot of energy fighting to be the person they were before the pain took hold. Others may just find it too overwhelming, shut themselves away and become very unhappy. In our experience, many people swing between these two extremes, managing activity on one day then suffering for it the next. Many people experience anxiety or feel more stressed, especially when there is no clear explanation for their pain. Often the most important things, that make your life worthwhile, suffer. Other health problems can make matters seem worse. The Pain Management team are experts in supporting people in these situations.

Chronic Pain is **not** something you make up or imagine. It does not mean you have a mental illness or are using it as an excuse to avoid work or other things.

## **What is pain management?**

This phrase can be a little confusing in the NHS because it may also mean medication or 'hands-on' treatments. People often try all sorts of treatments, such as massage, acupuncture, heat, manipulation and special diets. These can be enough for some people with chronic pain, for others the pain continues to significantly affect their quality of life and nothing seems to help for long. Pain cannot be measured in the same way as, for instance blood pressure or heart disease, so we have to ask you lots of questions instead.

In the Pain Management team, we recommend new skills to try at home which help you have more control over your pain. We offer information and practical help and guidance on learning to live more easily with the pain. It differs from other treatments as pain relief is not the primary goal. We support 'coping' in different ways and give hope for the future.

"I am very glad that I went on the course. I enjoyed every minute of this course and I would encourage anyone to go who suffers with pain."

People considering Pain Management are willing to think differently about their daily routines and be open to practicing new habits and changes in behaviour; it takes commitment to make changes.

## **How do I find out more about Pain Management?**

In the NHS in Cornwall, the Pain Management team are based at the Royal Cornwall Hospital in Truro and can only be accessed by a referral from your GP or a specialist physiotherapist ('Extended Scope Practitioner').

There are several organisations and charities that encourage and explain Pain Management for those with long-term pain (see list at the end of this booklet). The hospital website [www.royalcornwall.nhs.uk](http://www.royalcornwall.nhs.uk) has more information about the Pain Team.

## **What happens if I'm referred to the Pain Management team?**

When we first receive a referral we will spend some time reviewing your medical notes and making an initial plan. The team like to have as much information about you as possible and may ask about treatments you have had elsewhere. We may need your permission to see some of your records. It helps us help you if we get a full picture of your physical and mental health as well as your social support networks.

We will send you some questionnaires to complete. These give you an opportunity to tell us exactly how it is for you. If you want to write down some other things to tell us, we are always happy to read them.

If we feel we can help, we will offer you an appointment, if not, we will write a letter explaining why. At the time of publishing this leaflet, we are unable to see people whose pain is not related to specific musculoskeletal conditions but we may know another team who could help.

Usually, the first appointment is with two of the Pain Team, in one of our hospital or out-patient clinics. We like to meet you together so you don't have to tell your story twice. It also means we can listen together and together plan treatment with you, knowing we both have heard the same concerns, challenges and problems. The first appointment is about 45 minutes long. At the end of the meeting we ask you to step outside the room for a few minutes and then invite you back to discuss the next step. At that point, if you have a friend or family member with you, they can come in too.

Treatment options may include:

- pain management course
- individual appointments
- self-directed work at home, supported by your GP
- collaboration with other teams for treatment which can be offered outside of the Pain Team.

## **What happens next?**

If we believe you may benefit from the Pain Management course, we will usually offer you an opportunity to attend a talk, which we call the 'introductory session'. Once you have attended that session, you can choose whether to join the next available Pain Management course (sometimes called a programme).

You may be offered individual appointments with members of the team. Sometimes we feel you would benefit from appointments instead of or before attending the introductory session. It is up to you to decide whether you want to participate in the treatment.

## **What if I don't like groups?**

It is common for people to feel apprehensive or worried about attending a group or trying something different. This is perfectly normal; we are aware of how people feel and we will work to make you feel safe and supported. We can talk about this at the first appointment and decide together what would be best for you.

There is a lot of evidence that working together with others who understand how difficult it is to live with pain is more beneficial than individual sessions. Almost everyone who comes to the course says they were worried about coming but, once they made that first step found it was comforting and helpful to meet others who understood what they were going through.

## **What is the introductory session?**

This is a talk usually run by a Pain Specialist Physiotherapist and held in a local hall or room. This saves you coming to the hospital, the parking is free and the room is usually more comfortable and relaxing than in a hospital. If you usually claim travel costs to the hospital, you can still claim to this venue. The session is about 2 ½ hours long.

You will meet between 4 and 10 other people with chronic pain. They have also been to the Pain Team and also been advised that Pain Management would be the best form of treatment for them.

This session is the first of a course; at the end of this session you can choose whether to sign up for the rest of the course. It is entirely your decision – no one will make you attend. The session has a supportive, informative and constructive spirit. The course is approved by the NHS and is based on the latest clinical evidence. It is not 'psychoanalysis' or a 'cop out' or 'therapy'.

Your doctor may ask you to attend the course before he/she will consider some forms of specialist treatment or surgery. This is because the treatment works best when you understand how to best 'manage' the pain at home.

The information in the session includes details about the rest of the course. It gives you a 'taster' of what that course is going to be like and can break the ice.

You can bring a friend or family member with you to the introductory session but not the whole course.

## **What happens on the Pain Management Programme?**

At the end of the introductory session, if you wish to attend the course, you will be asked to complete a 'contract'. This is because the course is expensive to run and we need to be sure you will attend – and come to the whole course.

We run courses across Cornwall, but you may have to wait some months for a place nearest to your home.

Each session is run by at least 2 members of staff, and is 2½-3 hours long with a break in the middle.

We expect you to arrive on time and stay for the whole of each session.

There are 9-12 sessions, usually once a week, the last few being more spread out. This is a commitment we expect from you –we will commit to offering you the best treatment in return. You wouldn't expect to leave half way through any other NHS treatment, would you?

Sometimes, we run a separate session on a particular topic, which is open to other patients from the Pain Clinic or other teams, but these other people do not join after the first session of the Pain Management course.

The session topics build week on week, so we expect you to attend every session, even if your pain is particularly bad that day. We would ask that you prioritise the treatment once you have started as we may have to ask you to stop coming if you do not attend every session.

## **What happens on the course?**

These are some of the words that other course participants have used to describe the course:

Discussion	Fun	Reflection
Challenges	Breathing	Support
Team work	Friendships	Homework
Learning	Conversation	Understanding
Hints and tips	Chuckles	Thinking about thoughts & feelings
Stress reduction	Time for yourself	Confidence-boosting

## **What if I can't sit for that long?**

Almost everyone who attends the course finds it difficult to stay in one place for any length of time. Everyone will understand and encourage you to move regularly. If you feel you need cushions or small pieces of equipment, we are happy for you to bring them along. Please check with us first however if you want to bring bigger items. We are used to people walking about, leaning on the walls or even lying on the (carpeted) floors during the sessions. The introductory session gives you a taster of how you might manage the course.

## **What if I can't concentrate for that long?**

This is often a problem and we have debated how best to manage this. If we have shorter sessions, we would have to run more of them and you would be travelling more often and have to commit to more weeks. In our experience, 2½-3 hours seems to work best for most people. We offer summaries and try to keep the sessions interesting and interactive to help you not only concentrate but remember what you have learned. We summarise what we did in the last session before adding to the information. You can take notes during the session if that helps you.

Try the introductory session as a preview.

## **What if I am not ready to accept there isn't an answer to my pain; I don't want to lose hope?**

We don't want you to lose hope either; in fact, the course helps most people regain hope for the future, even if the pain is going to be there forever. We ask that you are willing to be open-minded and agree to practice the skills we teach you. You will almost certainly have tried everything that is on offer to try to cure the pain before you attended the course. Many people who have attended tell us they wish they had come sooner!

## **What do other people say about it?**

Almost everyone has felt that the course has been worthwhile. We may be able to put you in touch with someone who has attended the course if you'd like to talk to someone. Come to the introductory session and find out for yourself if you are interested.

Here are some more quotes from people who have completed the course:

"I have more hope for the future. I feel positive about what I can and cannot do. I've stopped comparing myself now to how I used to be. I will be working on my goals, step by step and regularly assessing them."

"I feel more positive (a few months ago, I felt worthless and useless), now I praise myself for what I can do now; not what I used to be able to do"

"I'm now taking time for myself; realisation that it was okay to do that without guilt."

"I never thought I would ever be able to meditate but it has a very soothing effect on me; thank you."

"I was surprised that there were other solutions to pain management other than surgery and/or medication. It changed my view on pain and how to cope with it."

"I feel a lot more positive; I am happier in myself that I can still achieve things; I am not alone."

"I am more confident about my ability to challenge my pain and I have been able to explore opportunities to expand (the very limited) life I had when starting the course. It was the education and support I received that facilitated this process."

## **What if I don't want to come?**

If you don't want to join us, we would rather you tell us than not attend later as this means we could have used the appointment for someone else. There is often a long waiting list for the sessions as they are very popular and we try to cover as much of Cornwall as possible. However, consider this; if the course has been offered to you, it is because we think you have an opportunity to make more of life even with pain.

## **Frequently Asked Questions:**

**Q. If I come to the Pain Management team, does that mean I can't have any more medical treatments?**

A. No, in fact sometimes you may need to attend the course, before further treatment can be offered. However, medical treatments may not be the answer for you.

**Q. If there is a psychologist on the course, does that mean you think I'm making up my pain?**

A. Absolutely not. Pain affects mood, relationships, sleep – this is what clinical psychologists are experts in treating.

**Q. Will the physiotherapist make me do exercises?**

A. The main course does not include a specific exercise session; you are encouraged to move regularly. Exercise is discussed, as being fit and flexible is important. We can signpost you to exercise classes if you ask.

**Q. Is this a cheap way of stopping me getting the treatment I really need?**

A. It is not cheap to hire a room, pay expert staff and take them away from clinic, unless the treatment is important. Anyone with a chronic (long-term) health condition benefits from learning about the condition and how to make sure it doesn't get worse. The Pain Management team are experts in supporting you to be the best you can be, regardless of your pain.

## **Contact us**

If you have any questions, please contact us at the Pain Clinic:

Tel: 01872 252160 or 252752

Email: [rch-tr.painmanagement@nhs.net](mailto:rch-tr.painmanagement@nhs.net)

## **Further information**

You may wish to read up about chronic pain and pain management. Using an online search engine can bring up some very unhelpful websites. The references overleaf are from trusted, reliable sources.

Continued overleaf

## **Further information**

### **British Pain Society**

[www.britishpainsociety.org/static/uploads/resources/files/UK\\_Pain\\_Messages\\_final\\_Sep2015.xlsx.pdf](http://www.britishpainsociety.org/static/uploads/resources/files/UK_Pain_Messages_final_Sep2015.xlsx.pdf)

[www.britishpainsociety.org/people-with-pain](http://www.britishpainsociety.org/people-with-pain)

### **Pain Concern**

[www.painconcern.org.uk](http://www.painconcern.org.uk)

### **NHS Choices (pain management)**

[www.nhs.uk](http://www.nhs.uk)

### **Arthritis Research**

[www.arthritisresearchuk.org/arthritis-information.aspx](http://www.arthritisresearchuk.org/arthritis-information.aspx)

If you would like this leaflet in large print, braille, audio version or in another language, please contact the Patient Advice and Liaison Service (PALS) on 01872 252793

