

ON YOUR FIRST VISIT, PLEASE BRING:

- Any X-rays, MRI, CT or myelogram films and all reports relating to your pain condition. Your referring physician's office should be able to assist you in obtaining these films and records.
- A list of medications you have taken in the past as well as those you are currently taking, and the effectiveness of these medications. If you are in doubt, it is often helpful to bring the medication with you.
- Allergic reactions to any medications are important to note
- When appropriate, a referring letter and consult notes from your attending physician can be delivered to the Pain Management Center prior to your visit

why
you
can
benefit
from



THE PAIN MANAGEMENT CENTER

St. John Medical Center

Office Hours:

Monday through Friday

8:00 am – 4:00 pm

THE PAIN MANAGEMENT CENTER AT ST. JOHN MEDICAL CENTER

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ST. JOHN MEDICAL CENTER

A CATHOLIC HOSPITAL



www.stjohnmedicalcenter.net

WHATEVER THE SOURCE OF YOUR PAIN,
 YOU CAN BENEFIT FROM THE
PAIN MANAGEMENT CENTER
at St. John Medical Center

IF YOU SUFFER FROM:

- Severe back and neck pain (*including herniated discs, spinal stenosis and fibromyalgia*)
- Headaches
- Cancer pain
- Reflex Sympathetic Dystrophy (RSD) *complex regional pain syndrome*
- Post Herpetic Neuralgia (PHN)
- Diabetic and vascular neuropathy
- Chronic abdominal and pelvic pain
- Muscle and joint pain associated with nervous system disorders, including trigeminal neuralgia (*facial pain*)
- Post Laminectomy Syndrome or Failed Back Syndrome: *recurrences of back or leg pain following back surgery – when surgery is no longer an option*
- Pain associated with AIDS
- Sickle Cell Anemia
- Intractable spasticity associated with multiple sclerosis or spinal cord injuries
- Pain associated with osteoporosis and vertebral compression fracture

WE CAN HELP.

THE PAIN MANAGEMENT CENTER at St. John Medical Center was established to meet a tremendous need for a specialized provider of medical services to individuals who suffer with chronic, acute or cancer pain conditions. The program provides a comprehensive evaluation of each patient, and offers innovative therapies to individuals suffering from a large range of syndromes associated with pain.

WE OFFER a multi-disciplinary team approach to the treatment of chronic pain — working in tandem with Hospital services such as physical therapy, among others.

OUR GOALS

- Determine the cause of your pain
- Eliminate pain by using state-of-the-art medical and interventional treatments
- Improve patients functional capabilities through aggressive physical therapy and assist patients to cope with pain and regain control of their life

All patients will be seen within 24 to 48 hours
 after the first call to the office.

Emergency cases will be accommodated
 within 24 hours.



**Abdallah Kabbara, MD,
Medical Director**

*The Pain Management Center
St. John Medical Center*

Abdallah Kabbara, MD, is the Medical Director of the Pain Management Center at St. John Medical Center. He is Board Certified in anesthesiology and pain medicine through the American Board of Anesthesiology. He is currently a Assistant Professor and Anesthesia Consultant at Case Western Reserve University. He completed his Internship in Internal Medicine and Residency in Anesthesiology at MetroHealth Medical Center. His Fellowship in Pain Management was completed at University Hospitals of Cleveland. Dr. Kabbara has extensive experience in radiofrequency ablation of the neck, thorax, back and peripheral nerves. He also inserts and maintains intrathecal pumps and spinal cord stimulators, as well as provides nucleoplasty and discograms.

TREATMENT

All pain procedures are performed with x-ray and fluoroscopy guidance to improve efficacy and accuracy of treatment. Placing the needle at the exact location of the problem improves the treatment's success rate.

TREATMENT PLANS MAY INCLUDE:

THERAPEUTIC NERVE BLOCK - local anesthetic injections given near a specific nerve or group of nerves to relieve pain.

INTERCOSTAL NERVE BLOCK - an intercostal nerve block is an injection of a local anesthetic in the area between two ribs. An intercostal nerve block is performed for pain due to herpes zoster (commonly known as shingles), an acute viral infection that causes inflammation of the nerves that spread outward from the spine. It may also be performed for pain caused from surgical incision in the chest area or to help determine the cause of your pain (diagnostic nerve block).

LUMBAR SYMPATHETIC BLOCK - a lumbar sympathetic block is an injection of local anesthetic around a group of nerves in your lower back. It may be done if you have reflex sympathetic dystrophy (RSD), a disease involving a disturbance of circulation to the skin or neuropathic pain (pain caused by a disorder of the nervous system).

ACUPUNCTURE - stimulates the body's ability to resist or overcome illnesses and conditions by sticking very fine, solid needles into points of the body. This form of treatment often corrects imbalances and prompts the body to produce chemicals that decrease or eliminate painful sensations.

AURICULAR THERAPY - is a form of acupuncture that stimulates certain nerves on the ear that send signals to the brain that will in turn generate a positive or relaxing "response" to the part of the body that is being treated.

FACET NERVE BLOCK - performed if your doctor suspects that your neck or lower back pain may be caused in part by the small facet joints of the spine. Facet joints are located on the side of your spine, away from the spinal cord.

CELIAC PLEXUS BLOCK - performed most commonly for the treatment of upper abdominal pain, which can be due to pancreas, liver or gastric pathology.

STELLATE GANGLION BLOCK - may be performed to decrease pain and increase the circulation and blood supply to the affected limb. A stellate ganglion block may be performed for people who have circulation problems or the following nerve injuries: reflex sympathetic dystrophy, causalgia, herpes zoster and phantom limb pain.

TRIGGER POINT INJECTION - Injection of small amounts of local anesthetics and steroids in the area of the muscle where you have pain or tenderness. Called trigger points because, when stimulated, they produce pain. Trigger point injections are performed if you have myofascial pain, which is specific muscle or muscle group type pain.

CERVICAL EPIDURAL STEROID INJECTION - is an x-ray guided placement of medication in the epidural space at the specific level of the disc or arthritis problem.

LUMBAR EPIDURAL STEROID INJECTION - x-ray guided placement of medications in the epidural space.

The procedure is done in two ways:

- Mid-line approach called translaminar mainly for patients with back pain – more than leg pain
- Selective tranforaminal approach targeting the nerve root itself as it leaves the spine – mainly for patients with more prominent leg pain than back pain

FACET JOINT MEDIAL BRANCH ABLATION WITH RADIOFREQUENCY (RF) - this procedure is done for arthritic pain in the spine (cervical, whiplash injury or lumbar facet pain due to sports injury or advanced age). A diagnostic block usually precedes the radio frequency ablation.

DISCOGRAPHY - a diagnostic procedure for discogenic pain when the MRI cannot specifically identify the disc causing the problem.

NUCLEOPLASTY (percutaneous disc decompression) - when the disc is partially herniated and the height of the disc is intact, a nucleoplasty procedure under x-ray guidance is indicated especially in acute cases of young population.

SPINAL DRUG DELIVERY SYSTEMS - delivers opiates, local anesthetics and other pain medication continuously into the spine to control intractable pain via a computerized pump. Also used to relieve intractable spasticity secondary to diseases like multiple sclerosis, cerebral palsy, stroke or spinal cord injuries.

SPINAL CORD STIMULATION - a small implantable device that stimulates the spinal cord to treat pain and improve circulation.

INTRADISCAL ELECTROTHERMAL THERAPY (IDET) - to treat chronic pain originating from the intervertebral discs. A minimally invasive treatment in which a physician applies controlled levels of heat to a broad section of the affected disc wall. The heat contracts and thickens the collagen of the disc wall and raises the temperature of the nerve endings. Therapy may result in contraction or closure of the disc wall fissures, a reduction in the bulge of the inner disc material and a desensitization of the pain sensors within the disc. It is important for your referring physician to diagnose that a disc is a primary source of your back pain. In addition to a clinical examination, your physician may use a magnetic resonance imaging (MRI) or injection of dye in the disc (discography) to confirm the diagnosis.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) - a small extractable device that delivers electric impulses to nerve endings to stop pain.

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