



Dealing With Pain

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Controlling pain is an essential step to regaining a sense of well-being after a deployment injury. There are two major categories of pain: chronic and acute. Pain that exists after an injury has healed is called chronic pain.

Chronic pain can include the central pain associated with spinal cord injuries, phantom limb pain, and other types of *neuropathic* pain (*pain caused by damage to nerves or nerve dysfunction*). Pain resulting from tissue injury such as combat injury, surgery, or the treatment of burns is acute pain and is treated differently from chronic pain. There are a number of different types of treatment for controlling pain available today, including:

- Medications.
- Hot and Cold Compresses.
- Acupuncture, Acupressure, and Massage.
- Electrical Stimulation.
- Autohypnosis.
- Virtual Reality.
- Stress Reduction.
- Physical Activity.



Medications

Narcotics

- The class of opioid-based drugs including morphine, oxycodone, methadone and fentanyl.
- Used for acute pain, such as post-surgical pain after amputation or burn surgery.
- Also used for chronic pain in low doses if other methods are not effective.
- Side effects may include sedation, nausea and vomiting, and possible hallucinations.
- Because they are habit-forming, opioids must be prescribed and used with extreme care and under the supervision of medical personnel.

Anti-inflammatory Drugs

- Includes aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (*for example, Advil, Motrin*) and naproxen (*Aleve*).
- May be used to reduce swelling and irritation as well as to relieve pain.
- Also includes prescription steroidal drugs (*e.g. cortisone, prednisone*) used to treat more serious inflammatory conditions.

Antidepressants

- Used for chronic pain and pain due to nerve damage in SCI or amputation.
- Newer medications (*for example, Cymbalta*) are particularly helpful.
- May also help induce restful sleep.

Anti-seizure medications

- Used for chronic pain.
- May relieve what some patients describe as "shooting" or "burning" pain caused by damaged nerves as well as aching pain.

Injections

- Local anesthetics (*such as Novocain*), can be injected around nerve roots and directly into muscles or joints.
- Used to reduce swelling, muscle spasms and abnormal nerve activity that can cause pain.

Hot and Cold Compresses

Heat

- Electric heating pad or hot water bottle applied to the site of the pain may give relief.
- At temperatures over 104F, heat blocks the effect of chemical messengers that cause the body to detect pain.
- Increases the blood flow to the injured area which brings nutrients to damaged tissues.
- Reduces joint and muscle stiffness.
- Note: heat should not be applied immediately after an injury.

Cold Compresses

- Relieves pain by numbing the affected area.
- Reduces swelling and inflammation.
- Reduces bleeding.

Some people find more relief with cold compresses than with heat, and vice versa. Some people prefer moist heat while some prefer dry heat. Experiment to see which treatment works best for you.



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Acupuncture, Acupressure, and Massage

Acupuncture

- In this treatment, sterilized stainless steel needles are inserted into the skin at specific points on the body.
- Approved by the National Institutes of Health for the treatment of chronic pain.
- May be helpful with phantom limb pain.

Acupressure

- Pressure is applied to special acupressure points in the body.
- May help with musculoskeletal pain.

Massage

- Therapeutic massage may disrupt the transmission of pain signals to the brain.
- May stimulate the release of endorphins (*the body's natural painkillers*).
- Reduces stress and promotes relaxation.

Electrical Stimulation (*Transcutaneous Electrical Nerve Stimulation (TENS)*)

- Low-voltage electrical current is transmitted through electrodes that are taped to the skin near the painful area.
- The electric current may prevent pain signals from reaching the brain.
- May help phantom limb pain.

Hypnosis

Hypnotherapy

- A state of deep relaxation that leaves the mind open to suggestions of pain relief.
- Approved by the National Institutes of Health as a pain control method.
- May be useful with both acute and chronic pain.
- May also reduce anxiety associated with painful procedures such as burn treatment.

Autohypnosis

- A state of hypnosis or deep relaxation which is self-induced.
- Pain relief or stress relief suggestions can be self-administered.
- May also be used to induce a state of relaxation or distraction from pain.

Virtual Reality

- Very promising new treatment for pain in which the user wears a headset with goggles and earphones and explores a computer-generated world or plays a computer game.
- Treatment is used during painful procedures such as burn dressing changes.
- Involvement in the virtual world distracts the user's attention from the painful procedure.



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Acupuncture, Acupressure, and Massage (cont.)

Stress Reduction

- Stress tends to intensify both chronic and acute pain and, in turn, pain intensifies stress. This can lead to an upward spiral of increasing pain and stress. One way to break the cycle is to reduce pain through methods listed above. Another way to break this cycle is to reduce stress using stress management techniques.

Deep Breathing Technique

- Slow, deep breathing from the abdomen instead of shallow breathing from the chest.
- Reduces heart rate and other physical signs of tension.

Progressive Muscle Relaxation

- Tensing and relaxing muscle groups progressively throughout the body.
- Releases the muscle tension associated with increased pain.
- Stress can also lead to sleep difficulties. Failure to get adequate rest may intensify pain. Finally, post-traumatic stress, including unwanted flashbacks to the event that caused the injury, may also increase pain

Physical Activity

Physical activity is one of the most potent pain relievers. Staying active distracts your mind and reduces the attention you can devote to pain. Physical activity also reduces stress, increases muscle and cardiovascular tone, and may increase the release of endorphins—the brain's natural pain killers.

All kinds of physical activity—from washing dishes and mowing the lawn to sports such as skiing and hiking—are beneficial. A wide array of activities is now accessible to Service Members with amputations or who are in wheelchairs. Of course, check with your doctor before beginning a new or strenuous activity. For more information on activities check out:

- Disabled Sports USA - <http://www.dsusa.org/about-overview.html>
- Military instep - <http://www.amputee-coalition.org/military-instep/sports-recreation-resources.html>
- Sports and Recreation webpage of the Paralyzed Veterans Association - http://www.pva.org/site/PageServer?pagename=sports_main.

A large part of successfully dealing with pain is up to you. Take an active role in establishing an effective pain-control strategy, and remember the following:

- Don't use tobacco products if you have a spinal injury. Use of tobacco can contribute directly to back and leg pain due to degenerative disc disease.
- Don't try to self-medicate the pain by overusing alcohol.
- Don't try to "tough out" the pain. Pain is treatable; don't expend your personal resources fighting pain when you could be using them in other aspects of your rehabilitation.
- Let your doctor know when you experience new or unremitting pain.
- If one type of treatment doesn't work, don't become discouraged. Be open to trying different treatments or combinations of treatments until you find something that works for you.