

FIGHTING CHRONIC PAIN

Bring
LIFE Back
to your
YEARS



KARAN JOHAR, M.D.

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INTRODUCTION

Dear Reader,

According to the international Association for the Study of Pain, the definition of pain is as follows: An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Chronic pain affects the majority of us at some point or another during our lives. Many of those patients who suffer from pain, do so without a full understanding of all the components that affect their overall chronic pain. If this uncharted territory becomes clearer then the patient and those care for them can seek the best resources available to them.

Lindsay, a representative for a major neuromodulation company, used to call on my office as well as over 50 pain management specialists in New York City. She asked if she could speak with me in private and mentioned that her grandmother had terrible and debilitating knee pain. She could no longer bear to see her grandmother suffer and cry on a daily basis. Her family was told her grandmother had too many medical comorbidities and an advanced age to be able to undergo a bilateral total knee replacement. I asked Lindsay if she had ever considered radiofrequency ablation of the genicular nerves as a treatment option for her grandmother. Perplexed, Lindsay responded that she was completely unaware of this procedure. At that moment,

it struck me that this representative, who works with some of the top pain management doctors in the country on a daily basis, was unaware of minimally invasive treatment options available to help her own grandmother. If only Lindsay or her grandmother had known about this years earlier, it could've prevented such a prolonged suffering. It was then that I decided to start an internship program with New York University where we developed a student run newsletter, *The Village Pulse*, on various health topics to be disseminated to now over 10,000 readers biweekly. If we could impact just one of those readers by sharing pertinent health information then our mission would be completed.

This book started as a project with my student interns from New York University. Together we set out to develop an easy-to-understand manual on chronic pain which could be utilized by patients and friends and family of those affected, and to help serve as a resource to make a positive difference in each of their lives.

Knowledge and awareness reassure our control in any unknown situation.

I hope that you will enjoy this read.

In Good Health,

Karan Johar, MD

WHAT IS CHRONIC PAIN



Chronic back pain is a particular subset of back pain which involves a more extensive occurrence of symptoms. For this reason, chronic back pain also necessitates a more extensive provision of care. Chronic back pain is labeled as “chronic” mainly due to the length of time that the patient experiences severe pain. In other words, chronic back pain is severe, prolonged back pain. Acute pain, pain that lasts a shorter time, is typically reported to last about three to six months and can be involved with minor tissue damage. (Deardoff,2017) Chronic pain, in comparison, is not defined by a specific length of time but is usually reported to last over six months or beyond the point during which tissues are able to heal and repair. Chronic back pain can occur due to a known cause, unidentifiable damage, or as a side-effect of previous surgery or illness. Overall, chronic back pain is certainly more difficult to diagnose in comparison to acute pain, as it covers a diverse collection of symptoms and causes.

It is important to establish that experiencing back pain, and lower back pain in particular, is fairly common (Deardoff,2017). Nearly every individual experiences back pain at some point in their life. This pain can be experienced as stiffness or aching, making it difficult to

move comfortably or perform physical activity for extended periods of time. It is possible for pain to present itself without prior strain or injury. Back pain can arise from daily movements, with damage occurring so gradually that people cannot detect the pain until it is severe.

Chronic pain can also be caused by a certain event or injury, or can result from a strain brought on by exercise or participating a new, or more demanding sport that the body is not accustomed to. A wrong or improper movement, such as flexing of the waist or lifting heavy objects the in the wrong orientation, can lead to the development of back pain. Additionally, undergoing surgery, whether or not it is back surgery in particular, can cause back pain and a dull aching in the lower back.

Even more so, individuals can lift with improper form for a long time before the symptoms become clearer. At such points, more damage to tissues is possible and pain can spread throughout the back and waist or cause problems for a longer period of time. For this reason,

individuals experiencing any form of back pain should seek treatment and see a doctor if the pain becomes increasingly intense or spreads, if it presents itself without a known cause of injury, or if it lasts a long time. This is because it may be medically nad officially considered a form of chronic back pain (Deardoff.,2017). Individuals, with the assistance of a physician, must establish how long the pain has been an issue, as well as whether they regularly perform acts or have occupations that could increase the duration and amount of pain.

If there is a clear, discernible cause for pain, it can be used to categorize the chronic back pain. As previously discussed, pain can have a definable source. For example, a patient may be able to pinpoint that he/she began to experience strong back pain after falling from a

bicycle. The fact that these causes are known can provide physicians with more information on the nature of the pain and how to properly treat it and assist patients in recovering as efficiently as possible. This can be especially helpful if the pain is linked to a broader condition such as cancer, which targets various parts of the body simultaneously. Unlike back pain with clear causes, chronic pain with no known cause can only be labeled by the symptoms reported by the patient, the persistence of the patient's pain, and the patient's inability to define the cause of pain or when it began. Pain with no definable cause is harder to diagnose because physicians must rely solely on the patient's report of what the pain feels like or of painful areas in the back. This is problematic, not only because the definition of pain is very subjective, but also because it may be difficult for patients to describe exactly what they are feeling, especially if they are not presently experiencing the pain while visiting their doctors.

Similarly, a patient may firmly believe that their chronic back pain stems from a certain area, but because pain can migrate, it is possible that the pain could stem from an area that is farther from the actual site of injury or tissue damage.

Chronic back pain with no identifiable cause can be further broadened by neuropathic pain as well as psychological and emotional conditions, such as depression (Deardoff, 2004). If individuals have a problem with neural pathways and the signal transmission in the nervous system, pain signals might be sent throughout the body even if there is no underlying muscle or tissue damage along the back. This can cause patients to feel intense chronic back pain despite the fact that there is no physical cause for the pain (Deardoff, 2017). In these cases, the nerves will be the target of treatment rather than the tissues. (Deardoff, 2004) Physicians can distinguish neuropathic pain based on certain symptoms the patient may present with,

Karan Johar, M.D., F.A.A.P.M.R. is a dual board certified physician by the American Board of Physical Medicine and Rehabilitation, as well as, in Pain Medicine (American Board of Anesthesiology) with advanced expertise and fellowship training in interventional pain medicine.

Dr. Johar's pain medicine subspecialty training extends his physiatriac skill-set to offer a multidisciplinary approach to complex pain management and restoration of function. This includes treatment of cancer, neurological and musculoskeletal pain using medications, nerve blocks, intrathecal drug delivery systems, spinal cord stimulation, radiofrequency techniques, and neurolytic blocks.

He holds a faculty appointment with New York University. He has regularly supervised and taught clinical resident physicians and medical students, and is cognizant of developments on the forefront for future treatment protocols in both pharmaceuticals and medical devices. He has a research interest in neuromodulation in the management of complex pain and optimization in quality of life.

Dr. Johar has held several leadership positions with local and national organizations and helped in projects including: rehabilitation hospital bed capacity expansion, improved resource allocation within AAPMR, risk reduction and maintaining compliance with state and federal regulations on hospital safety and leadership committees, development of comprehensive pain center for a critical access hospital system serving a population of 250,000+.

Although his primary interest remains with clinical medicine and medical education, he also holds an interest for increasing healthcare access to patients, organizational management in the American Society of Interventional Pain Physicians and being involved in scientific innovation of medical devices and interactive rehabilitation software.

Currently he sees patients at Lenox Hill Hospital, NYU Langone by appointment at 993 Park Avenue or 30 Central Park South, and affiliated surgery centers in Manhattan.

To read more about Dr. Johar's work,
visit www.karanjoharmd.com

To contact Dr. Johar directly, you can email Public Relations at
PR@karanjoharmd.com

To connect on social media, visit:
www.facebook.com/nycpainspecialists

Instagram: [@karanjoharmd](https://www.instagram.com/karanjoharmd)

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LinkedIn: <https://www.linkedin.com/in/karanjoharmd/>



KARAN JOHAR M.D.
PARK AVENUE | NEW YORK

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