Pain management

Pain can be a major problem for adults with scoliosis. With or without surgery people with scoliosis can experience different levels of pain. In the first instance taking over-the-counter paracetamol and ibuprofen may help. If these drugs are ineffective then the next step is a visit to a general practitioner, who will either prescribe pain medication or refer the patient to a pain clinic. In addition to medication hydrotherapy or gentle back massage from a practitioner might bring relief. Serious pain does not usually arise in young people, but in adults it is more of an issue because with age the components of the spine become worn and any curvature leads to stress points where the ligaments (the guy ropes) join the spine (the tent pole), and a pain similar to tennis elbow arises in the back. In a few cases another sort of pain comes from nerve compression whereby the nerves become trapped. When a patient visits the GP he or she is likely to be told that they have a trapped nerve. The evidence for this condition is usually slight and almost always it's a muscular-skeletal problem; in other words, a tent pole and guy rope problem.

The two most important factors for the clinician to consider are: what is causing the pain, and where it originates from. Pain cannot be seen (for example, via an MRI scanner), but it is electrochemical in nature so the belief is that there should be some way of picking up the radiation from the mechanism behind pain, either at the source of the pain or in the brain. Indeed, there has been some progress in analysing pain signals in the brain. Because of these obvious difficulties pain has to be assessed indirectly and subjectively. At clinic patients may be asked:

- Where does your pain lie on a scale of 1 (least) to 10 (worst)? This is called the analogue pain scale.
- Is the pain continuous or intermittent, sharp or dull, getting better or getting worse? If it is getting worse it will require further investigation.
- Have you had previous treatment such as physiotherapy, osteopathy, chiropracty? If these methods have been effective it may be worthwhile trying them again as they may give short-term or long-term relief.
- Where precisely is the pain centred? "In my hip" is too vague!
- Is your pain muscular-skeletal or neurological? Neurological pain is much less common but is often more important.
- How tolerable is the pain?
- Have you put up with it for the past 5 years?
- Are you sleeping well?

It is important to establish what the pain indicates. Often muscular-skeletal pain is a sign of wear and tear but is not in itself causing further damage. Adult patients are not as resilient as they once were and their compensatory measures are slightly overwhelmed by the fact that their backs are not straight. However, if patients present at clinic with neurological pain such as a screaming pain down the leg, an inability to walk more than 100 yards, or a tingling in the leg, then these symptoms may well require investigation.

Nerve blocks and facet injections may be given to help to try and establish where the pain is coming from. Nerve blocks have no long term proven effectiveness but may give short term relief from leg pain. However, their main role is diagnostic – ie, if the pain goes after an injection then that is the source of pain. For injections to be diagnostical then only single levels (ie, one vertebra) should be done. Facet injections also have no long term proven effectiveness but may give short term relief from back pain that originates from the small joints of the spine. Again, their main role is diagnostic – ie, if the pain disappears after an injection then that is the source of pain. For diagnosis only one level should be injected.