

Surgical treatment of pain

- We usually affect chronic pain in malignant tumors, indications for benign reasons are rarer.
- We indicate patients who have a chance of longer survival and are in good general condition (to manage the operation).
- It is the method of choice always after palliative RT and the application of strong analgesics.
- The general effort is to make performance as simple as possible.

Spinal epidural and intrathecal application of morphine

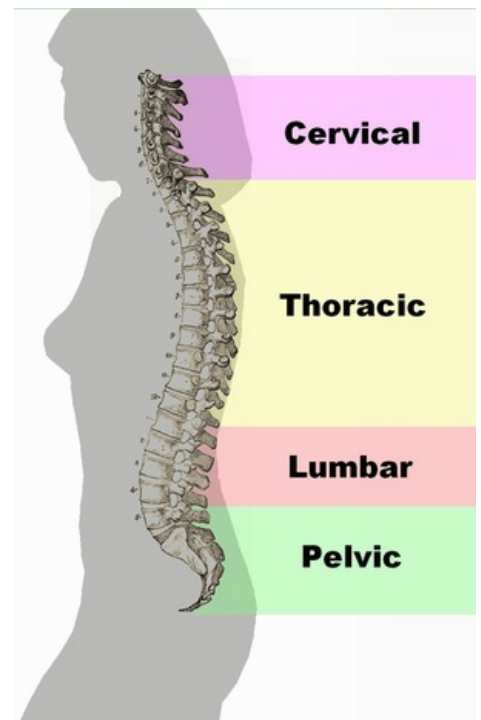
- The advantage is a lower dose of morphine, it does not burden the patient much. Insert a catheter there and apply it.

Spinal epidural stimulation

- It blocks the transmission of information about spinal cord pain and does not lead to irreversible changes or addiction.
- It is suitable for benign causes of pain, we put the stimulator under the skin. The disadvantage is the price.

Surgical methods

- Pain pathway - main fibers - A and C (A leads sharp localized pain, C dull, burning).
 - They switch in the posterior corners of the spinal cord, where the response is modulated (gating, etc...).
 - Then the 2nd N intersects and runs as a tractus spinothalamicus lateralis.
- Peripheral nerve disruption - by surgery or alcoholization.
 - It is a completely inappropriate method, in addition to failure, it can also add to the pain of denervation.
- Spinal cord procedures - the open way, mainly microsurgically.
 - Dorsal root entry zone coagulation (DREZ = dorsal root entry zone):
 - damage in the posterior corners of the spinal cord;
 - suitable for deafferentation pain perceiving as burning or jerky;
 - plexus avulsion, after amputations.
 - Spinothalamic chordotomy (tractotomy):
 - interruption of the lateral spinothalamic tract;
 - the result is unilateral analgesia (contralateral) - suitable for unilateral pain.
 - Mediolongitudinal myelotomy (commissural):
 - longitudinal intersection of the spinal cord in the midline, interrupts the crossing of the pain pathway (crossing of the secondary fibers, most often in area C);
 - analgesia occurs below the lesion site - for bilateral pain.
- Brain procedures - little is done.
 - Psychosurgery - bilateral cingulotomy.



Spine and Spinal Cord

Causalgia

- Algic syndrome, rarely caused by a partial injury to the peripheral nerve.
- Three symptoms - burning pain, autonomic nerve dysfunction and trophic changes.
- It most often occurs after injuries to the median, ulnar and sciatic.
- When large nerves are affected - we deal with microsurgical reconstruction of the nerve.

Sudeck's osteodystrophy

- Severe pain, vasomotor disorders (edema, cyanosis, trophic disorder), eventually osteoporosis;
- Therapy - sympathectomy

Links

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