

Pain - Communication and the Patient Experience

Resources - Video 3

A common misconception is that for patients who have a history of chronic pain or have a chronic pain condition that if they are able to, for example, you know, do the very simple things that most people would consider - like being able to read a book or falling asleep in spite of pain, that their pain may not be as real as somebody who has just had a, for example, what we can see, like an acute injury, a twisted ankle, to be simple, or a surgical incision that for most people, you know, you would consider "oh, there must be some pain associated with that". Unfortunately there are situations where the education is not as - for laypeople as well as healthcare providers - not as in-depth as it should be, or the knowledge about the experience of chronic pain isn't as widely understood. And most people suffer from stigma associated with the idea of chronic, of living with chronic pain conditions. It's a very unfortunate situation when patients who live with chronic pain are not able to get the comprehensive management that is so needed for their particular condition. And it's a reality in Canada, where people are not able to access chronic pain facilities or specialized pain programs that can treat a person comprehensively, and so it's a very difficult experience to go through, and to live with. You're living with the experience. It sort of seeps into all the dimensions of your life. It affects your quality of life, everything from your physical function - so the ability to walk, and up and down stairs - you know, if you live with a chronic back pain, for example, or, you know, a problem with your legs that may not be visible to the naked eye of the other individual, but you have to be able to get on with your day. And so it can affect - pain can affect your mood, it can affect your sleep, it can affect your physiological function. The ability of you as an individual to carry on with the activities of daily living that you would like to accomplish; and so it has a potential to interfere quite significantly with all of that.

And we know that chronic pain is burdensome to individuals, and we know that it affects their quality of life. Let's take something as common as having had surgery, you know, an individual having had surgery, and we know that if in the acute period we can manage this surgical incision, and the pain resulting from surgical incision really well, we can prevent many things. For example, we could use different types of pain medications and pain interventions. We can use non-pharmacologic or non-medicinal types of interventions, like acupuncture or guided therapy. We could use things like that in addition to the traditional, more conventional pharmaceutical

interventions to help manage acute pain well. And when we do that we relieve the stress on the body and its particular systems; so, you know, we create less stress for the cardiovascular system. Patients may be able to breathe more deeply and cough better, and especially if they've got a chest or abdominal incision, that's extremely important because you want to be able to breathe well and have your lungs nice and inflated, and if your pain is well controlled, it minimizes the stress response and the pressure on the other organs that are also dealing with just having undergone surgery.

And I think one of the more important things that is now receiving more attention, and I hope more attention in the future, is the importance of managing acute pain well, especially after an intervention or surgery, so that you actually prevent the development of persistent pain down the road. And so if acute pain is not managed well, you know, patients can develop ongoing pain problems even though the reason for their surgery may have been resolved.

We need to have support systems that facilitate not only the immediate acute pain treatment but in cases where the acute pain is because of a surgical intervention that there is actually a follow-through, and a structured follow-through for that patient from when they come into hospital and, you know, at the point of discharge. And a key example is something like a transitional pain program which is an emerging sort of pain program for patients, and that can help to mitigate the long-term risk of developing a chronic pain issue, so that the patients have a place to go, a healthcare system that looks after not only their source of the medical issue, if they need to take out, you know, a lump or something like this, but that also manages to make sure that we're not creating more problems down the road by not addressing pain problems that continue to persist after surgery.