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WHAT IS POST THORACOTOMY PAIN SYNDROME?

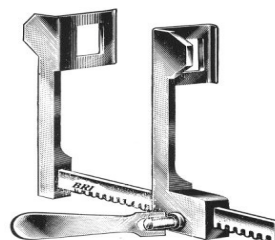
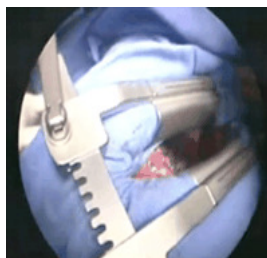
It is defined as pain that recurs or persists along a thoracotomy incision for at least two months after a surgical procedure of the chest. From 5 to 80 percent of patients are affected. About 50% of patients experience pain two years after surgery and 30% experience pain 4 or 5 years after surgery. The pain is usually neuropathic and burning in nature and follows the distribution of the intercostal nerves.

CAUSES: The most likely cause is intercostal nerve damage, although the precise mechanism for this is not known. The retractor used during the surgery to spread the rib cage could be part of the cause. Also pain can result from entrapment of some of the nerve fibers in the area of the scar tissue itself. Sometimes a neuroma or painful lump of nerve tissue can form at the tip of nerves in the chest wall that have been cut during surgery. Future studies need to examine surgical techniques in detail. No one technique of thoracotomy has been shown to reduce the incidence of chronic post thoracotomy pain. *Until then, you the patients need to be aware of this common sequela of thoracotomy.* Aggressive management of early postoperative pain by your surgeon may reduce the likelihood of long-term post-thoracotomy pain.

WHAT YOU FEEL AND WHAT THE DOCTOR LOOKS FOR:

A history and physical examination most of the time is sufficient to make the diagnosis. The doctor will look for a painful area or spot along the surgical scar. The pain usually follows along the distribution of the intercostal nerve along the side of your ribcage. Sometimes a very distinct spot can be found that if touched will produce an increase in the pain. This increase in pain may be an indication that there may have developed a small neuroma where a tiny nerve branch was damaged or cut. Touching this neuroma may increase the pain.

The pain is described at times as a burning sensation but patients may describe it also as achy or sharp. In other occasions the patients describe a very unusual sensation along the nerve track that is uncomfortable but not painful.



Finochietto chest retractor

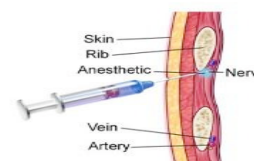
TESTING:

A plain x-ray of the chest could be indicated to rule out a fractured rib. A bone scan can also be used as a diagnostic tool. Also a CT scan of the chest can be ordered especially if your surgery was due to a tumor, to make sure there is not a recurrent tumor pressing on a nerve. A confirmatory diagnostic nerve block may be recommended by your doctor with local anesthesia.

TREATMENT: First and foremost you need to be perfectly aware that your surgeon has not done anything wrong. This very painful condition is frequent with any surgeon. It needs to be managed aggressively from very early on. Some studies show that *early* post operative pain needs to be managed by your surgeon aggressively since the greater the pain immediately post op, the higher the incidence of long term post thoracotomy pain developing.

If later on pain develops, a combination of medical therapy and interventional pain management techniques may need to be tried to control late post thoracotomy pain. Oral non-steroidal anti-inflammatory agents in combination with tricyclic antidepressants and anticonvulsant medications such as Neurontin or Lyrica should be tried.

Also since the intercostal nerve is very accessible, repeated intercostal nerve block with a combination of local anesthetic and steroids should be tried.



If, after following a single block, the patient achieves partial permanent relief, a series of several blocks followed by neurolytic block by cryoablation, radiofrequency ablation or chemical neurolysis can be performed. If at the time of the surgery an inoperable tumor is found, an implantable epidural portable catheter for home epidural infusion should be considered.