24.1 GENERAL PRINCIPLES

- Up to 90% of cancer pain is successfully managed according to the WHO analgesic ladder. ¹
- However 10% of cancer patients with pain do not achieve adequate analgesia e.g. due to incomplete response to opioids or intolerable side effects. ¹
- Up to 90% of non responding patients may benefit from advanced pain management techniques. ¹
- Careful patient selection is important for the success of advanced pain management techniques. ², ³
- Joint assessment of patients by pain and palliative care specialists is beneficial for patients and healthcare professionals. It furthers mutual understanding, increases the number of appropriate referrals and improves patient care. ⁴, ³, ⁶
- Commonly used advanced pain management techniques are described in Table 24.1.

24.2 GUIDELINES

- The Merseyside and Cheshire Cancer Network should have a named lead pain clinician. ⁷
  [Level 4]
- Specialist palliative care MDTs should have local access to a named anaesthetist with expertise in nerve blocking. Some patients may require referral to a regional centre for specialised intervention. ⁷ [Level 4]
- Patients with difficult pain considered for advanced pain management techniques should be reviewed jointly between pain and palliative care specialists. ⁴ [Level 4]
- Patients with difficult pain should be assessed for an intervention before poor performance status or significant drug toxicities make them ineligible. ⁸ [Level 3]
- Interventional pain techniques in patients with cancer should be considered if:
  - Pain is not responding to standard treatments.
  - The patient is fit enough for a procedure.
  - The patient is able to give informed consent. ⁸ [Level 3]
- Careful selection of the type of procedure is important as patients may be only fit enough to undergo one procedure. The procedure with the greatest chance of success should be selected. ⁵ [Level 4]
- If there is refractory bilateral pain, consider an epidural or intrathecal catheter. ⁹ [Level 3]
- Patients with refractory pain and a prognosis of at least three months may be suitable for an intrathecal pump device. ¹⁰ [Level 1]
Patients with unilateral pain below the shoulder and a prognosis of 3-12 months should be considered for referral for percutaneous cordotomy. [Level 4]

24.3 **STANDARDS**

1. The Merseyside and Cheshire Cancer Network should have a named lead pain clinician. [Grade D]

2. Specialist palliative care MDTs should have local access to a named anaesthetist with expertise in performing nerve blocks. [Grade D]

3. All patients considered for interventions should have joint assessments by palliative care and pain specialists. [Grade D]

4. All specialist palliative care services should have local guidelines available for patients who undergo interventional pain management procedures. [Grade D]
<table>
<thead>
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<th>Table 24.1 Advanced interventional pain management techniques</th>
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<td><strong>Indication</strong></td>
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<tr>
<td>1. Neuraxial Infusions</td>
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<td>1.1 Epidural catheters</td>
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<td>2. Peripheral Nerve Blocks</td>
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<td>6. Percutaneous cordotomy</td>
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*Table 24.1 Advanced interventional pain management techniques*
24.4 REFERENCES


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