

# MDC Pain Centres Namibia

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Codes listed below	<p>Description of recognised procedures from international guidelines.</p> <p>Please see our patient information leaflet which expands on the information given to you at the time of your consultation with us. It has Internet links which will direct you to sites which show the procedures &amp; explains the risks and benefits in great detail.</p> <p><i>If you cannot access these materials and have more questions, please ensure you ask them to your treating doctor them before you sign the consent for the procedure.</i></p>	Medical schemes affected
3287 or 3296	<p><b>Test Blocks</b></p> <p>Method : Percutaneous, Injection under x-ray, (or ultrasound or on-table CT/MRI/SPECT guidance)</p> <p>This is the academic approach typically used in countries with National Health Schemes. This approach requires you to have 2 or more procedures for complete treatment.</p> <p>This is an injection of short and long acting local anaesthetic, (lignocaine &amp; bupivacaine / ropivacaine) sometimes including an anti-inflammatory (eg triamcinolone) into or in close proximity to the affected joint, nerve or ganglion. This is a test of whether or not the proposed treatment is likely to succeed, ie; identify the pain generator.</p> <p><b>Expected outcome: The effects will wear off within days to weeks.</b></p>	All
2927	<p>Rhizotomy.</p> <p>Method : Percutaneous, radiofrequency under x-ray guidance</p> <p>This procedure strips the fatty cellular layer off the sensory nerve affected, making it unable to transmit pain. This is a highly specific technique using a radiofrequency generator, specialised needles &amp; electrodes.</p> <p><b>Expected outcome: Pain relief for up to 3 yrs (-1.5yr &lt; 3yr&gt; 2+yrs)</b></p>	All
2831	<p>Neuroplasty.</p> <p>Method: Percutaneous, radiofrequency under x-ray guidance</p> <p>A flexible cannula less than 2mm diameter with a soft flexible tip is guided up the epidural space to a specific level corresponding to your pain. Small volumes of Normal Saline and an enzyme (Hyalase) is injected through this catheter at specific sites. The enzyme / saline assists in scar tissue breakdown in conjunction with physiotherapy after the procedure. For best results, patients preferably overnight with this procedure so that intense physiotherapy can be given in the hours after the procedure followed the next morning by another injection through the cannula and physiotherapy again. The cannula is removed before discharge. The injection, physio and removal are painless.</p> <p><b>Expected outcome: Pain relief for up to 3 yrs (-1.5yr &lt; 3yr&gt; 2+yrs)</b></p>	All
2801	<p>Epidural injection</p> <p>Method: Percutaneous, under x-ray guidance at any level of cervical, thoracic, lumbar or sacral.</p> <p>An epidural is the injection of pain medications into the epidural space in sufficient volume to reach the affected area of inflammation and pain.</p> <p><b>Expected outcome: This solution provides comfort during and after the pain treatments and reduces inflammation in the epidural space around inflamed nerve roots.</b></p>	All
2829	<p>Myoneurolysis</p> <p>Method: This procedure is typically only performed in conjunction with Test blocks. Sectioning of the nerves at the superficial nerve-muscle junction in the region of pain with a very fine scalpel. This sets up a reflex pain modulation circuit, which gives pain relief for up to several weeks but not longer since the nerves do re-grow. It is therefore only considered to be part of a test procedure to help select candidates for successful rhizotomy.</p> <p><b>Expected outcome: <i>The effects will wear off within days to weeks.</i></b></p>	

3287 or 3296	<p><b>A Facet Block:</b>  <b>Method :</b> Percutaneous, Injection under x-ray guidance</p> <p>This is the academic approach used in countries with National Health Schemes. This approach requires you to have 2 procedures for complete treatment.</p> <p>This is an injection of short and long acting local anaesthetic, (lignocaine &amp; bupivacaine / ropivacaine) sometimes including an anti-inflammatory (eg triamcinolone) into the affected facet joints. This is a test of whether or not the proposed treatment is likely to succeed, ie; identify the pain generator.</p> <p><b>Expected outcome:</b> The effects will wear off within days to weeks.</p>	Discov ery
3344 & 3345	<p><b>Discogram</b></p> <p>A discogram is a percutaneous diagnostic procedure to establish the extent of disc degeneration or damage. It has two phases. The first is to establish the pressure of the disc which tells us about its physical state; the second is the character of the damage.</p> <p><b>Method:</b> A needle is passed through the skin which has been anaesthetised with local anaesthetic. A second needle is passed through the first needle and into the disc. Pressure is then recorded followed by injection of a x-ray visible dye (contrast).</p> <p><b>Expected outcome:</b> The pattern of spread within the disc tells us about the character of the disc degeneration. The two needle technique and antibiotics are routinely used to reduce the risk of disc infection.</p>	All

**Please note**

1. These procedures cannot be performed safely in our medical offices. Your medical aid may tell you to ask us to do this. This request is unsafe, unprofessional and places you and us at unacceptable risk. Patient safety is our highest priority and we cannot compromise on this for the sake of financial benefit to your scheme. We always insist on the back up emergency & safety systems of a surgical suite & post operative wards; to afford you internationally accepted levels of care & safety.
2. We require calm, undisturbed & controlled conditions to perform these very specialised procedures with precision. This can only be achieved in an operating suite, with a qualified anaesthetist managing your physical position, sedation and pain during the procedures. Also assisting in these procedures are technicians, radiographers and nursing personnel all of whom contribute to your safety & the success of the procedure.
3. Expected outcomes. This is the experience within this pain clinic in general. It is generally in line with best practice globally. As this is a composite of many hundreds of patients outcomes, yours may vary for a number of reasons. Age, pre-existing conditions, diet, medication, smoking, exercise, rehabilitation, compliance, extension of disease or injury ... etc all impact on the final outcome. Please be sure to disclose all your medical history, medicines, treatments, family illnesses, habits or any other possible factor that could impact on your treatment and recovery.

Definitions you may want to look up - the procedures are detailed in the patient information leaflet.

Hyalase : [http://www.nps.org.au/\\_data/assets/pdf\\_file/0020/16643/swchyla.pdf](http://www.nps.org.au/_data/assets/pdf_file/0020/16643/swchyla.pdf)

Percutaneous : <http://www.merriam-webster.com/dictionary/percutaneous>

