

# Healthy

DIRECTIONS

May/June 2006

A NEW WAY TO LOOK AT CHRONIC PAIN

## Making It Stop –

As a breast cancer survivor, Debra Matheos was no stranger to pain. “I expected to feel some pain and discomfort after my double mastectomy and breast reconstruction,” says Matheos, a wife and mother of an 8-year-old daughter. “I was aware that it could last for months after surgery.”

In fact, the pain not only persisted, it became increasingly worse. Matheos’s life was becoming unbearable.

### *When is it too much?*

In the six months that followed her surgery, Matheos started to notice a difference in the kind of pain she was experiencing.

“Gradually, the normal, post-operative aches and pains in my breast area and under my arms seemed to change to sharp electrical zaps and constant burning,” says Matheos.

“My pain became so severe that I was unable to lift my arms to brush my teeth,” she adds. “I couldn’t turn my upper body at all, not even to drive. I couldn’t do simple things, like hug my daughter or open a bag of chips. My pain became so bad that I would have done anything for relief—even remove my reconstructed breasts. I reached my breaking point in the office of Michael Rose, MD.”



Michael Rose, MD, board-certified in plastic surgery

▲ Since undergoing surgery by Michael Rose, MD, (left) to remove damaged nerves, Debra Matheos (above) can perform simple moves again like hugging her daughter.

### MAKING IT STOP

As luck would have it, one of Dr. Rose’s specialties, in addition to plastic and reconstructive surgery, is peripheral nerve reconstruction surgery. This sub-specialty deals with the treatment of damaged nerves whether by accident or surgical injury.

“Knowing the difference between normal pain after surgery, or after an injury, and serious chronic pain can be challenging for patients and physicians alike,” says Dr. Rose, a plastic and reconstructive surgeon at The Plastic Surgery Center and on staff at CentraState Medical Center.

“If pain persists beyond a normal timetable,” he continues, “we first look to ensure that everything is healing normally from a structural standpoint. That might mean getting an X-ray to be sure that a broken bone is healing as expected. If there is nothing wrong from a structural standpoint and there is no infection or other reason for the ongoing pain, we then start to think about nerve pain. When the pain gets gradually worse in the months following surgery or an injury, nerve damage may be the problem. This was clearly the case with Debra.”

Dr. Rose injected the tender area near Matheos’ reconstructed breast with a small amount of Novocain. Within moments, six months worth of excruciating pain simply vanished.

“We knew right away that Debra was suffering from a neuroma—an aberrant nerve ending that’s not growing back properly,” explains Dr. Rose. “The pain can be extraordinary. Fortunately, it was highly treatable.”

Within 24 hours, Dr. Rose operated on Matheos to remove the nerve tissue.

“I noticed the difference while I was still in the recovery room,” says Matheos. “Within two days, the nerve pain was completely gone. I was a little uncomfortable from the two small incisions

Dr. Rose made, but with an over-the-counter pain reliever, I was fine.” Two weeks later, Debra was completely pain free.

### *When should you call your doctor?*

“Whether it’s surgery of any kind, injuries, or broken bones, patients are often reluctant to complain of pain to their doctors,” says Dr. Rose. “No one wants to be viewed as a ‘complainer,’ but the fact is that pain should never get worse. If it does, or if the kind of pain you’re experiencing should change, it’s time to reach out to your doctor or be referred to a pain management specialist.” #