

Managing Cancer Pain: Female with Esophageal Cancer

A 50-year-old mother with young children developed esophageal cancer at age 48. The tumor was inoperable and was treated with chemotherapy and radiation.

Unfortunately, the cancer continued to grow and became extremely painful. The patient was started on high doses of oral and skin patch opioids as an outpatient with poor pain relief and mental impairment from the drugs. She was ultimately admitted to the hospital for high-dose intravenous opioids, which relieved pain but caused mental clouding and confusion.

Every time the hospital doctors reduced the doses of intravenous opioids, pain returned with a vengeance and the patient could not be discharged from the hospital. Everyone suffered — the patient, the family and the doctors trying to manage the extreme pain in this desperate patient.

The patient's oncologist called Nura to provide interventional pain management:

1. The patient was transferred directly from the hospital to our pain clinic.
2. On arrival at Nura, we placed an epidural catheter which we dosed with a mixture of local anesthetic and opioid. The patient's pain was relieved within the hour. Epidural analgesia is very powerful – it can control the pain of labor and create regional anesthesia for surgical operations.
3. Since epidural injection of local anesthetic/opioid wears off within several hours, and requires high volumes of local anesthetic for continuous pain relief, it is not very practical for outpatient pain management. We kept the epidural going overnight in the patient's home to keep her out of the hospital and scheduled surgery to place a fully-implantable pain pump system the next day.
4. Our cancer pain team (physician, APP, implant RN, implant coordinator, medical device company rep) educated and supported the patient throughout this process and we maintained ongoing communication with the managing oncologist.
5. The patient returned to our surgery center the next day and underwent a 30-minute outpatient surgery to implant an intrathecal catheter and pain pump.
6. After the pump implant, the patient was able to return home with a continuous infusion of spinal opioid and local anesthetic. She uses boluses from the pain pump to manage breakthrough pain.

The patient continues to use oral opioids but at much lower dose with much better pain control. Our cancer pain team is supporting her as an outpatient. She continues to undergo chemotherapy directed by her oncologist.

If you have a patient struggling with chronic pain and you would like to discuss the case, please call our Provider Hotline at 763-537-1000.

Evaluation

Online: nuraclinics.com/eval
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Procedure Only

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