



Changing with the times: surgeries, syringes and magic bullets.

About 50 years ago, some Italian heart surgeons discovered a method of fixing chest pain caused by exercise. They developed a kind of surgery that aimed to divert blood heading for the chest muscles back into the heart muscle. It was quite effective, with about 60% of patients reporting significant improvement in symptoms. However, when scientists did their proper tests on the technique, they discovered that the technique did not ACTUALLY change blood flow to the heart, and the improvement in symptoms happened whether people had real surgery or a fake surgery. The most important thing was that THE PATIENT AND THEIR DOCTOR thought they had the surgery!

This situation has been repeated in a range of surgeries for persistent pain, for example knee arthroscopy, injecting bone cement into spinal vertebrae, and 'replacing' lumbar spine discs. Some operations are too risky to even do the critical scientific experiments – for example operations to fuse vertebrae together. But these kinds of treatments can be evaluated in more real world ways by looking closely at the results from EVERYONE who has the treatment. This is called an audit. Audits have led to some treatments, such as back fusions and the physio's ultrasound, no longer being seen as effective treatments for back pain.

All treatments, not just those for pain, need to be checked and rechecked, as we learn more about whether and how they work.

The Guts Of The Matter – Why Operate In The First Place?

There can be good reasons to have an operation. A very, very small proportion of people with persistent pain actually need, and benefit from, surgery. However, the majority do not need it, won't benefit in the long term, expose themselves to a range of new risks, and will probably end up worse. So why is surgery so often recommended?

One reason is our old understanding of pain. We used to think that pain was a measure of tissue damage. It made sense in those days that something had to be fixed or removed, or fused together. But now we know pain is WAY more complex than a measure of tissue damage, and we are moving away from simple solutions to complex problems, simple

solutions such as surgery, syringes and magic bullets. If you are anything like the other 5 million Australians with persistent pain, you may well know already that the quick fixes and magic bullets you have been offered in the past were in fact too good to be true.

This is why pain experts the world over are moving towards treatments that emphasise understanding your pain and gradually retraining your pain system to be less protective; reconsidering how you think about your pain and how you go about being active. The new way emphasises doing and thinking helpful things. It emphasises the idea of eliminating all the cues that tell your brain your body needs protecting and seeking out cues that tell you that you are safe.

Read these two sentences out loud:

We are moving towards treatments that emphasise **UNDERSTANDING** your pain.

We are moving towards treatments that emphasise understanding **YOUR** pain.

'A Pain Catch 22':

A 'catch 22' is when you do something that is intended to achieve a certain outcome, but by doing that very thing, the opposite outcome is obtained. You might be surprised to know that even **GETTING** a scan can have the opposite effect to what you'd hoped. Here's why:

Scans take a photo of your internal tissues. As we live, our internal tissues change just like our external tissues change! We get wrinkles. We change shape a bit. We might get stronger leg muscles if we ride a bike a lot, or bigger knuckles if we spend all day laying bricks, or one big arm if we become a test cricket fast bowler! Our bones and ligaments also change as they adapt to what we do. Scans reveal some of these changes. Unfortunately, those changes are often described as abnormal – would you ever describe your grandmother's wrinkles as abnormal?!? Or Mitchell Johnson's big left arm as abnormal?

We now know that we commonly find things on scans that look bad but are well adapted and not in danger. We also know that people with severe pain can look fine on scans and other tests. And we also know that there is a wide spectrum of everything in between. Scan findings should be considered in light of everything else going on. You might be amazed to know that people with back pain who get scans do worse than those who don't – not because of their back, but because they got a scan! The results worried them and changed their behaviour to be more protective!

Knowing about Pain is Important

UNDERSTANDING pain is not easy, but you can learn more with the right help, and when you do, you will be able to make the best decisions for your welfare. And it is **YOUR** pain you want to understand because no-one else knows your pain.

A good summary of the latest and greatest in pain science is this: pain is poorly related to physical body changes but is closely aligned with the perception of the need for protection. Pain may be influenced by a physical change in your body but there are nearly always multiple contributing factors and the longer pain is there, the better the pain system becomes at producing pain, even after injuries resolve and even after surgery.

Knowing everything you can about pain will prepare you, even if you do have surgery. Having a better understanding has no risks and no side effects. Having a good understanding of your pain will give you confidence evaluating whether surgery is right for you.

Occasionally, Scans, Tests And Surgeries Are Important And Helpful. But How Do You Tell?!?!?

Here are 5 questions to ask your doctor or health professional before you have any scan, surgery, test or treatment. The answers will help you make the best choice.

1. Do I really need this?
2. What are the risks?
3. Are there safer options?
4. What will happen if I don't have this treatment?
5. What are the emotional, financial and time costs now? Later?

Thanks for reading and we hope this gives you some useful information about pain. We have to tell you that this factsheet is not specific medical advice, but we certainly hope that after reading it, you can understand more about pain and the latest ways of managing it.

Resources

painrevolution.org

choosingwisely.org.au/resources/consumers/5-questions-to-ask-your-doctor

website www.painrevolution.org // facebook [@painrevolutionride](https://www.facebook.com/painrevolutionride) // instagram [@painrevolution](https://www.instagram.com/painrevolution)

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