



Information for Patients

The following information is designed to help your patients understand what to expect when they make an appointment with us at Pain Medicine Sydney.

What to expect on your first visit

We understand that you may be concerned, anxious or frustrated about your pain. Our experienced, empathetic team of medical specialists are dedicated to helping you find real, long-term solutions to help you manage your pain and live a healthy lifestyle.

What should I bring to my first visit?

We recommend that you bring:

- • Your referral letter and the contact details of your GP
- • A list of your medications and dosage instructions
- • Any scans and reports you have - even older ones are helpful
- • Workers compensation claim numbers and insurance details (if necessary)

You're also welcome to bring a partner, friend or family member to support you.

How long will my appointment be?

Your initial consultation will be around 50 minutes. The length of any subsequent appointments you may need will depend on your individual treatment plan.

Which doctor will I see?

Your first appointment will be with Dr Charlotte Johnstone. Dr Johnstone is the Principal Director of Pain Medicine Sydney and has 12 years of experience as a pain medicine specialist and anaesthetist.

What will happen during my first visit?

During your first visit, Dr Johnstone will aim to address any pressing questions you have about your pain. She'll encourage you to tell her as much as you can about your pain, general health and any previous treatments. She'll also talk to you about your past medical problems and operations.

At Pain Medicine Sydney, we believe pain is a whole person problem, and we understand that your friends and family can be affected by your pain as well. For this reason, we like you to tell us about how you're managing at home and at work so that we can address any negative thoughts or

emotions caused by your pain.

Dr Johnstone will also examine the body systems that relate to your pain, review any scans you may have and develop a treatment plan that will help you to manage your pain. Your plan will incorporate a range of therapies, and it will be tailored to your individual lifestyle and health goals so that it is realistic and achievable.

What will happen after our first consultation?

After your first consultation, Dr Johnstone will send a letter to you, your referring doctor and any other specialists who are caring for you (eg surgeon or physiotherapist) summarising the key outcomes and any treatment plans. You can also choose to receive this via email. Depending on the outcomes of your initial consultation, you may be referred to another member of our team for further assessment and treatment.

General questions

How will my pain be managed?

At Pain Medicine Sydney we believe multidisciplinary management is mandatory for treating and managing pain. Our approach is biological, psychological and social, because we know that pain is often a whole body problem. You will be offered a combination of pain-relief medications, therapies and procedures specific to your individual case.

Will I be prescribed any medications?

Medications are often required for pain relief. For acute pain (pain lasting less than three months) anti-inflammatory medications and opiate medications are prescribed. If your pain is longer term, anticonvulsants and mood stabilising medications are often prescribed.

What anticonvulsants and mood stabilising medications will I be prescribed?

The most common anticonvulsants and mood stabilising medications we prescribe are Gabapentin (Neurontin) and Pregabalin (Lyrica).

Gabapentin is a medication that works at the level of the spinal cord and the brain. The dose ranges from 100 mg 4 times a day to 400 mg 4 times a day. Pain relief is usually apparent at around 900 mg per day, but some people respond to lower doses. After a couple of weeks of treatment, you should be able to tell how effective the medication is. It's important to be aware that up to 30% of individuals who take Gabapentin may not experience analgesia (pain relief). Side effects of Gabapentin include sedation and ataxia (unsteadiness on feet).

Pregabalin is an anticonvulsant that also works at the level of the spinal cord and brain. The dose

ranges from 25 mg 2 times a day to 150 mg 2 times a day. You should notice a response to the medication after approximately 2 weeks of treatment. Potential side effects of Pregabalin include sedation, ataxia and visual disturbances (occasionally).

What other medications may I be prescribed?

You may be prescribed opiate (morphine-like) medications, including: Panadeine Forte, Tramal, Oxycontin, Oxycodone, Tapentadol, Endone, MS contin, Kapanol, Hydromorphone, Methadone, Durogesic patch, Buprenorphine patches.

These medications are helpful in the early phases of your diagnosis and pain management, but they aren't useful on their own and should always be used in conjunction with other treatments. If you're required to take any of these medications, we will carefully monitor the effectiveness of the drug as well as any side effects.

What pain relief procedures will I be offered?

You may be offered a procedure to manage your pain. While pain procedures aren't the solution to most pain conditions, they can be helpful if used in conjunction with psychological techniques, physical techniques and lifestyle adjustments.

Please see below for a detailed list of the procedures and therapies we offer. If you do need to have a procedure, you'll be expected to see our pain physiotherapist for intensive conditioning in the pain-free period after an intervention. This is crucial for maintaining the effectiveness of the procedure.

How long will my procedure take?

Most procedures are undertaken as a day stay in hospital, and you may be required to arrive at hospital up to 2 hours before your procedure commences. The procedure can take up to 1 hour. After the procedure has been completed, you'll need a minimum of 1 hour to recover from the anaesthesia (anaesthetic used in surgery can take up to 2 hours to wear off). Your nurse will monitor you and will let you know when it's safe for your designated support person to take you home.

You may need to stay in hospital overnight if the local anaesthetic injection is lasting longer than expected. Frail and elderly patients may wish to recover in hospital overnight as well.

Can I drive home?

Driving on the same day of your procedure is strongly discouraged because of the surgery and anaesthesia effects. You may catch a taxi as long as your support person is with you.

Where will my procedure be done?



All of the procedures we offer are done using sedation by an anaesthetist in an operating theatre at the Royal Prince Alfred Hospital.

What do I need to do before a procedure?

Before your procedure, you will need to “fast”. Fasting means no food or fluids for 6 hours before surgery. Try to drink plenty of fluids before you fast, as it is best if you aren’t thirsty or dehydrated before your procedure. You can take any medications (eg pain relief medications) before surgery with a glass of water.

What do I need to bring to my procedure?

You will need to show your anaesthetist a list of any medications you’re taking. Please remember to inform your anaesthetist if you have an allergy to radiological contrast or other medications.

If you’re taking blood-thinning drugs such as warfarin, clopidogrel or other drugs for cardiac stents, you’ll require special consideration due to the risk of bleeding during a procedure.

Your doctor will inform you if you need to bring your X-rays (otherwise, leave them at home because they have a tendency to be misplaced in hospitals).

If you have multiple medical problems or special needs, you will need to attend a preadmission clinic to ensure that your perioperative planning guarantees a smooth admission.

Are there any risks with my procedure?

Most procedures require the use of image intensification (X-ray) for the needle to be advanced in the correct location. More often, ultrasound is being used which is helpful because the nerves and blood vessels can be visualised.

The risk of significant complications with nerve blocks is around 1:1000, and the risk of significant complications with epidural analgesia is around 1:200,000.

Information about our procedures and therapies

Epidural injection

An epidural is an anaesthetic injected into the lumbar, thoracic or cervical region. It’s also commonly offered to pregnant women for pain relief during labour. Local anaesthetic, steroid (Celestone or Dexamethasone) and fentanyl are usually used. You may be given an epidural to reduce inflammation and pain as a result of a disc prolapsed (bulge). If a specific nerve root is involved, your anaesthetist may target that as well as the epidural. This is called a paravertebral injection.

Facet joint injections

Your facet joints are small joints in the back (and in the neck) on either side of the midline. They are often affected when discs are diseased. Treatment with local anaesthetic and steroid can make a big difference to your back pain. If the joints are problematic long term, radiofrequency ablation of the tiny twigs of the nerves supplying the joints may be performed. This can offer longer lasting analgesia.

Radiofrequency ablation

Radiofrequency ablation is the most common procedure we perform. Radiofrequency ablation is for treatment of back pain due to arthritis in the facet joints. There is a tiny nerve branch that receives pain information from the joint called the dorsal medial branch. This can be treated by thermo coagulation in the neck (cervical spine), upper back (thoracic spine) and the lower back (lumbar spine).

During the procedure, the nerve is heated to 80 degrees Celsius for 2 minutes. The procedure is repeated to the medial branches above and below the affected joint. For 24 hours after the procedure, there may be more discomfort in the region and anti-inflammatory medications may be required. You should experience a 6-month reduction in pain, and most people who are exercising as well will only require 2 procedures annually.

Sympathetic injection

Sympathetic injection is an injection of radiographic contrast and local anaesthetic in order to break the cycle of pain and vascular changes to the arm or leg from a complex regional pain syndrome. Generally, 3 procedures are performed over 1-2 months. It takes around 1 week after each injection for your pain to reduce. The results of sympathetic injection can be impressive and helpful in a condition that requires urgent treatment.

Pulsed radiofrequency ablation

Pulsed radiofrequency ablation is a type of heating of a nerve at just above body temperature (40 degrees Celsius). This treatment is useful for conditions such as occipital neuralgia or pudendal neuralgia. The nerves regenerate over 6-12 months and the treatment is repeated.

Stimulation therapy

If your pain is severe and unremitting, you may be offered stimulation therapy. This is epidural or subcutaneous. We will discuss your case in detail with your treating team before selecting you for this therapy.

Other procedures



We are able to offer more sophisticated techniques, such as intrathecal (spinal) medication therapy. If the condition is terminal, we may perform spinal cord lesion (cordotomy) which specifically targets a painful part of the body. You're welcome to contact us to find out more about how we may be able to provide pain relief for a loved one with a terminal illness.

Information about our therapies

Psychological management

Psychological management is primarily based on Acceptance and Commitment therapy. In this therapy, you're guided to live comfortably with your thoughts instead of challenging them. This helps you to reduce any anxiety and tension that unwanted and 'suppressed' thoughts create.

You'll be offered practical and easy-to-learn tools, like mindfulness and meditation, which will help you to manage your thoughts and control your pain holistically.

Psychiatric management

Our pain medicine psychiatrist, Dr Sylvia Lim-Gibson, can work with you if you're experiencing low mood as a result of your chronic pain. Treating low mood and depression in the context of pain can often help to turn the pain problem around. Persistent pain is often associated with a disturbance of sleep, and the 'hard work' that is required to live with pain is also draining. Pain pathways run through mood centres in the brain which is one of the reasons why many people with chronic pain also have low mood or even depression.

Group therapy

We can offer you intensive group therapy with other individuals who are experiencing chronic pain. There are 2 programs offered at the Royal Prince Alfred Hospital: a 2-week course of 5 full days, and a day-long course every Thursday for 8 weeks. Both classes focus on education, physical activity, yoga, psychological techniques and pacing to help you manage your pain holistically.

Contact details

Contact us to find out more about our pain management procedures or to book an appointment.

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