SETTING UP A PAIN CLINIC FOR CANCER PAIN RELIEF - THE CANCER PAIN CLINIC

Cancer Pain Relief requires a dedicated team whose goal should be to obtain satisfaction from attempting to relieve the intractable, unrelenting pain of a cancer patient who more often than not is unable to sleep because of pain and is dying in pain. The Pain Clinic should preferably be a Therapeutic Pain Palliation one rather than a diagnostic clinic. The cancer patient in pain is a complex entity; besides the pain experienced the spectre of death hangs over his or her head, environmental factors (family, work or employment commitments) bring in psycho-social and religious influences. One does not treat the organ or system involved in the pain, one has to treat the patient as a whole human being bearing in mind the related factors that have produced this complex entity.

A Pain clinic dedicated to the cancer patient in pain needs to be set up with a panel of specialists brought in as and when relevant - the panel should comprise those directly involved in relieving pain in a cancer patient. The Pain Clinic for cancer pain is a multidisciplinary one involving various fields:-

- Anaesthesiology
- Oncology
- Radiotherapy
- Neurosurgery
- Nursing
- Counselling - Psychology
- Religious.
- Physiotherapy

In many centres this Pain Clinic is sited within a hospital with back-up facilities such as physiotherapy (including reflexology, massage and muscle spasm relaxing techniques), pharmacy, a minor operating theatre and a few "observation" beds.

To set up a Pain clinic for the cancer patient the following are required:

1. A specialist in Pain Relief (The Anaesthesiologist can fulfil the role)
2. A dedicated Nurse
3. The physical space for a clinic equip with
   ➤ Examination couch
   ➤ Facilities for medical recording (clinical staff and a computer)
   ➤ A telephone and a handphone
   ➤ Facilities to bring in relevant panel specialists for consultation
   ➤ and or pain management

The Cancer Pain Clinic should be able to provide the following modalities for Pain Relief

1. Non-Invasive Pharmacology
   ➤ analgesics, anti-depressives, anxiolytics, antiemetics, chemotherapy

2. Invasive Pharmacology
   ➤ neural blockade
   ➤ as Diagnostic/Prognostic procedures,
   ➤ Therapeutic blocks and prophylactic blocks

3. Neurosurgical procedures including radiofrequency/thermocoagulation ablation

4. Radiotherapy

5. Non-Pharmacological Adjuvant Therapy
   ➤ Transcutaneous Electrical Nerve Stimulations (TENS)
   ➤ Massage, Reflexology
   ➤ Acupuncture
   ➤ Physiotherapy
   ➤ Counselling for the dying

Costing

1. Clinic space (preferably within a Hospital)
2. Examination couch, desk, phones
3. Filing facilities (including a computer)
4. Dedicated pain specialist (on retainer fee?)
5. Dedicated Nurse
6. Physiotherapist
7. Panel of relevant physician specialists on referral basis
8. Pharmacy and equipment back-up facilities
   ➤ drugs, needles, syringes, pumps
9. Minor Operating Theatre facilities with resuscitative equipment
10. Observation beds (1 or 2) for post-procedures care.
11. Radiology back-up facilities

- Image-Intensifier for guidance of certain invasives blocks e.g. coeliac ganglion block
- Scanning and imaging facilities

7-11 should be available from the back-up hospital or hospitals.

Datuk Prof. Dr. A. E. Delilkan, MBBS, FRCA, FANZCA, FAMM
Department of Anaesthesiology, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur, Malaysia