

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 Stimulation (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.

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