

4.4 Interventional Pain Medicine

Interventional procedures may temporarily modulate the experience of pain in either palliative or non-palliative settings. They are not curative. In the non-palliative context they are intended to facilitate physical and psychological rehabilitation.

In addition to performing selected procedures under appropriate supervision, trainees should observe as broad a range of techniques as possible.

By the end of training, a trainee will be able to:

Background

4.4.1	Discuss the potential role interventional procedures may have for selected patients with chronic pain.
4.4.2	Discuss the potential harm of interventional procedures in patients focused on the passive receipt of medical treatments.
4.4.3	Describe anatomy relevant to interventional procedures.
4.4.4	Outline the physical principles of radiological, magnetic resonance and ultrasound imaging techniques used to identify relevant anatomy as it relates to interventional procedures.
4.4.5	Outline the elements of informed consent for an interventional procedure, including but not limited to: <ul style="list-style-type: none"> • Risks vs benefits • Potential complications • Alternatives to the procedure
4.4.6	Discuss the guidelines for safe sedation for interventional procedures as described in ANZCA professional document PS09.
4.4.7	Describe the legal reporting requirements for interventional procedures.
4.4.8	Critically evaluate the evidence for the procedures listed in 4.4.17.
4.4.9	Discuss the use of blinded procedures (sham v active and comparative local anaesthetic blocks) to evaluate the placebo component of any response.

Assessment

4.4.10	Identify from the history patient factors that are supportive or contrary to provision of interventional procedures.
4.4.11	Identify psychosocial risk factors (including depression, distress and high opioid intake) that predict poor outcome from interventional procedures.
4.4.12	Conduct a physical examination and interpret findings that may influence patient selection for an interventional procedure.
4.4.13	Interpret investigations in the context of patient selection for interventional procedures.

Management	
4.4.14	Discuss the staffing requirements of an interventional pain medicine suite.
4.4.15	Describe the options for providing analgesia and/or anxiolysis for patients undergoing interventional procedures.
4.4.16	Outline the requirements for conducting an interventional procedure safely, including but not limited to: <ul style="list-style-type: none"> • Aseptic technique • Universal precautions • Radiation safety • Appropriate levels of support and assistance.
4.4.17	Perform with appropriate supervision the following types of interventional procedures : <ul style="list-style-type: none"> • Peripheral nerve block • Plexus block • Sympathetic block • Radiofrequency ablation • Epidural/intrathecal block/infusion • Implantable devices
4.4.18	Develop and implement a post procedure care plan, including the management of any associated complications.
4.4.19	Participate in regular clinical audit of interventional practice.