INOVO MEDICAL

To Whom this may concern,

Since we opened in February 2016, we have witnessed a lot of interest from family doctors for our clinic. We anticipate that you will refer patients with chronic non-cancer pain to our clinic for assessments and opinions regarding the management of chronic pain (you might even have started to do so already). In order to answer frequently asked questions by physicians, and to help them better understand which patients would benefit from our services, I would like to take the opportunity to present you the clinic and how it operates. Our medical staff includes both specially trained family doctors as well as specialists.

I would like to personally extend some of the following tips regarding treatment options. They are based on my experience and published evidence. We acknowledge that your time is precious and will understand if you can't implement all suggestions. We spend at least 75 minutes with the patient for the first interview and we will spend a lot of time on the physical examination.

- If part of our recommended pharmacotherapy plan includes a trial of opioid therapy, we will offer to start and stabilize the patient on medication but will eventually refer the patient back to you for ongoing treatment and follow-up. This is an essential requirement of seeing your patient. We will remain available to reassess your patient if difficulties develop with the recommended treatment plan. Opioid receptor agonists have only been studied for up to three months duration. It is expected that tolerance and dependence can occur. (Self-treatment is common, and addiction and diversion are frequent problems). We discourage the use of fentanyl, hydromorphone and oxycodone. We recommend ''safer'' opioids such as Butrans patch, Suboxone S/L, Tramadol, Tapentadol.

- You could reassess, one by one, the effectiveness of Lyrica, Elavil, gabapentin, and opioids. Many of these agents can cause weight gain, and may also lose efficacy over time.

- If you haven't tried Cymbalta, please do. (Other SNRI's do not have a significant impact on norepinephrine receptors and pain).

- For Cymbalta, please refer to the product monograph. A simple approach to dosing is to start at 30 mg OD and increase every 2 weeks by 30 mg up to 60 or 90 or 120mg. *Reassure your patient that* it is normal to have nausea the first week or two, but it nearly always disappears (95%). It should be taken **with food** in the morning. 10% will have drowsiness and 10% may feel more awake.

- *It is critical to address sleep disturbances*. Consider non-benzodiazepine pharmaceutical trials with options such as melatonin 5-15mg hs, Elavil, nortriptyline, Lyrica, Prazosin, Seroquel, or Sublinox prn. Tell your patients that it can take 2 to 5 days to get over some side effects such as drowsiness. Optimally the medications should be taken 2 hours before

bedtime, and can then be adjusted according to the duration of benefit and side effects.

- These treatments might lose effectiveness over time and weight gain is common. Challenge these therapies often.
- Please rule out sleep apnea and treat accordingly.

- *Fibromyalgia should be considered a syndrome of chronic pain and not necessarily a final diagnosis.* This may arise from whiplash, seronegative arthritis, and/or multiple sources of mechanical pain. (Studies on whiplash shows a negative impact on the descending inhibiting pathway leading to skin hyperalgesia.) Our approach is to evaluate contributing pathologies systematically. We will ask you to rule out seronegative arthropathy if applicable.

An HLA B27 test could be completed in any patient presenting with chronic neck or back pain, when it is not the result of trauma. A positive test should lead to rheumatologic evaluation. (It can be used as a screening tool).

Other blood tests to evaluate common causes of chronic pain:
Vitamin D, TSH, free testosterone, B12, creatinine clearance, CRP, ESR, 75gr oral glucose test to rule out glucose intolerance. Again, these are NOT mandatory prior to consultation.

Other treatments we can offer to your patients:

Paramedical modalities may include the Stanford chronic pain self-management program (free), a physical rehabilitation program, massage therapy, spinal adjustment, acupuncture, yoga, taichi, and stress management. We also acquired an Alter G treadmill, a gyro stim for post concussive and other oculo-vestibulo-cerebral symptoms.

Nerve Block and trigger points therapy

A nerve block is an anesthetic injection targeted toward a certain nerve or group of nerves to treat pain. The purpose of the injection is to "turn off" a pain signal coming from a specific location in the body and by repeating the treatment we may be able to decrease its frequency. It is not a cure, but a way to increase function and decrease the need for medication. A Trigger point is a localized muscular disease. OHIP

Diagnostic injections (medial or lateral branch blocks)

An injection of an anesthetic guided with Fluoroscopy on the medial branch nerves that supply the facet joints, also known as the zygapophysial joints. If the test is positive, we can do a nerve ablation. OHIP

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Nerve Ablation

Radiofrequency ablation (or RFA) is a procedure used to reduce pain. An electrical current produced by a radio wave is used to heat up a small area of nerve tissue, thereby decreasing pain signals from that specific area. It is done under fluoroscopy. For example, lateral branch blocks S1 to S4 can be ablate to treat sacroiliac pain. OHIP

Platelet-Rich Plasma therapy

PRP stands for Platelet-Rich Plasma therapy. It utilizes platelets from the patient own blood to rebuild a damaged tendon, muscle or cartilage. It has been successful in not only relieving the pain, but also in jumpstarting the healing process of tissue. We do these treatments under ultrasonographic guidance. Not covered by OHIP.

Stem Cell therapy

Adipose stem cells (ASCs) are an attractive and abundant stem cell source with therapeutic applicability in diverse fields for the repair and regeneration of acute and chronically damaged tissues done under Fluoroscopy or Ultrasound depending on the area treated. It has the proven potential to regenerate cartilage, discs, hairs, and more. Not covered by OHIP. It would normally require 1 treatment for 80% pain relief on 80% of patients.

Nerve Hydro-dissection

Nerve Hydro-dissection is a revolutionary technique used when treating peripheral nerve entrapments such as carpal tunnel and thoracic outlet. It involves using a solution such as saline to separate the nerve from the surrounding tissue, fascia, or adjacent structures, done under Ultrasound. Not covered by OHIP, patients normally need 1 to 6 treatments for complete healing.

Please feel free to contact me if you have any questions regarding our assessment and treatment process.

Sincerely,

Dr. Mathieu Belanger, M.D.
Medical Director of Inovo Medical

SINCE WAITING TIME IS CURRENTLY LESS THAN 1 MONTH, APRIL 2016, PLEASE CONSIDER QUICK REFERRAL PAPERWORK ATTACHED

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NOT MANDATORY

	What Dosages tried	Effectiveness
Cymbalta		
Melatonin 5-15		
Elavil		
Nortriptyline		
Lyrica		
Gabapentin		
Prazosin		
Seroquel		
Sublinox prn		
Cesamet		
Other ?		

Sleep apnea testing? _____
Rheumatology consultation? _____

For ease, you can just fax the test results

- HLA B 27
- Vit D
- TSH
- free testosterone
- B12
- creatinine clearance
- CRP
- ESR
- 75gr oral glucose test

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