

Continuous Nerve Blocks Boost Patient Confidence

Rob Zumph, Chicago, Ill.

ORTHOPEDIC SURGERY HAS made significant strides in many areas. But most amazing to me personally is the progress that has been made in pain control after surgery.

About two months ago, I had the bright idea of diving into Lake Michigan from the radar platform of a boat, 25 feet above the water. I surfaced with an agonizing pain in my shoulder. A visit to orthopedist Michael Terry, MD, confirmed that I had substantial tears in my rotator cuff and glenoid labrum. I needed arthroscopic repair and acromioplasty.

The news would have distressed anyone, but it filled me with a particular dread. When I was just 21 years old, I injured my knee so badly while playing tennis that I needed a total knee replacement. I awoke from that procedure in the greatest agony I've ever known. For five days, continuous doses of opioids made me groggy but otherwise offered little relief. That was 14 years ago, but I remember it as though it were yesterday. I was dreading shoulder surgery, which I'd been told was even more painful! To my surprise and joy, my experience was almost exactly the opposite. I emerged from anesthesia literally pain-free. The difference was a continuous peripheral nerve block. I experienced almost no



A dive tore the author's rotator cuff and glenoid labrum, requiring arthroscopic repair and acromioplasty.

pain during my recovery and only reached for my PCA button a few times.

My rehab is progressing wonderfully, and Dr. Terry says he expects I'll soon be able to return to the activities I love best—bow hunting, competitive tennis, baseball and yes, water sports, using my new “feet first” policy. My continuous nerve block may not have saved my life, but it definitely saved me from another psychologically scarring experience. I would recommend it to anyone.

Rob Zumph is a medical product salesman and an avid sportsman in Chicago.

The views expressed in this advertorial are those of the author only. Providers and clinicians are obligated to make their own determination of the appropriate medical treatment for each of their patients.

“POSITIVE-SIDE” PAIN MANAGEMENT

Michael Terry, MD, Chicago, Ill.

Hockey fans know that teams win a lot more often when the players are aggressive and gain the lead in the first period. It's harder to win when you're playing “catch-up.” The same is true of post-op recovery and rehab after an orthopedic procedure.

Once, my patients had to play “catch-up” after surgery. They experienced severe post-op pain, usually requiring opioids, which in turn made them groggy, caused GI issues and delayed rehab. By the time we got going, patients often had developed stiffness, lost muscle tone, and become timid about moving their limbs. Rehab was sometimes prolonged and did not always produce the desired results.

As Rob's story shows, the addition of continuous nerve blocks has made a world of difference. I call it “positive-side” pain management. Eliminating most of the pain before it even starts allows patients to stay ahead of the game. They can start therapy almost immediately, they have little fear, and as a result their rehab is over quickly and they experience great results.

Just as hockey players never take to the ice without their sticks, I never enter the OR without having at least considered PNBs for my patients—as long as an experienced anesthesiologist is on hand. In the competition for great results and happy patients, I consider them indispensable.

Michael Terry, MD, is Assistant Professor of Surgery with the University of Chicago Medical Center, specializing in sports medicine and orthopedic surgery. He is also the lead physician for the Chicago Blackhawks and team physician for the US volleyball and US ski teams.

Brought to you as an educational service by

B | BRAUN
SHARING EXPERTISE

Thank Goodness for “Positive-Side” Pain Management

Rob Zumph, Chicago, Ill.

MEDICINE HAS MADE SIGNIFICANT STRIDES IN MANY AREAS. But most amazing to me personally is the progress in pain control after surgery.

About two months ago, I had the bright idea of diving into a lake from the radar platform of a boat, 25 feet above the water. I surfaced with an agonizing pain in my shoulder. A visit to orthopedist Michael Terry, MD, confirmed that I had substantial tears in my rotator cuff and glenoid labrum. I needed arthroscopic repair and acromioplasty.

The news would have distressed anyone, but it filled me with a particular dread. When I was just 21 years old, I injured my knee so badly while playing tennis that I needed a total knee replacement. I awoke from that procedure in the greatest agony I’ve ever known. For five days, continuous doses of opioids made me groggy but otherwise offered little relief. That was 14 years ago, but I remember it as though it were yesterday. I was dreading shoulder surgery, which I’d been told was even more painful! To my surprise and joy, my experience was almost exactly the opposite. I emerged from anesthesia literally pain-free. The



A dive dislocated the author’s shoulder. The continuous nerve block helped speed rehab, potentially enabling the author to return to sports like bowhunting.

Rob Zumph is a salesman and an avid sportsman.

difference was a continuous peripheral nerve block. I experienced almost no pain during my recovery and only reached for my PCA button a few times.

My rehab is progressing wonderfully, and Dr. Terry says he expects I’ll soon be able to return to the activities I love best—bow hunting, competitive tennis, baseball and yes, water sports, using my new “feet first” policy. My continuous nerve block may not have saved my life, but it definitely saved me from another psychologically scarring experience. I would recommend it to anyone.

The views expressed in this advertorial are those of the author only. Providers and clinicians are obligated to make their own determination of the appropriate medical treatment for each of their patients.

Brought to you as an educational service by

B | BRAUN
SHARING EXPERTISE

“POSITIVE-SIDE” PAIN MANAGEMENT

Michael Terry, MD, Chicago, Ill.

Hockey fans know that teams win a lot more often when the players are aggressive and gain the lead in the first period. It’s harder to win when you’re playing “catch-up.” The same is true of post-op recovery and rehab after an orthopedic procedure.

Once, my patients had to play “catch-up” after surgery. They experienced severe post-op pain, usually requiring opioids, which in turn made them groggy, caused GI issues and delayed rehab. By the time we got going, patients often had developed stiffness, lost muscle tone, and become timid about moving their limbs. Rehab was sometimes prolonged and did not always produce the desired results.

As Rob’s story shows, the addition of continuous nerve blocks has made a world of difference. I call it “positive-side” pain management. Eliminating most of the pain before it even starts allows patients to stay ahead of the game. They can start therapy almost immediately, they have little fear, and as a result their rehab is over quickly and they experience great results.

Just as hockey players never take to the ice without their sticks, I never enter the OR without having at least considered PNBs for my patients—as long as an experienced anesthesiologist is on hand. In the competition for great results and happy patients, I consider them indispensable.

Michael Terry, MD, is Assistant Professor of Surgery with the University of Chicago Medical Center, specializing in sports medicine and orthopedic surgery. He is also the lead physician for the Chicago Blackhawks and team physician for the US volleyball and US ski teams.