



G. David Bojrab, M.D.



Pain Management Associates, PC

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Stephen J. Hatch, M.D.

- Low Back Pain
- Neck Pain (Cervical Spine)
- Cancer-Related Pain
- Extremity Pain
- Joint Pain
- Peripheral Nerve Blocks
- Spinal Cord Stimulation
- Infusion Pump Therapy
- Epidural Injection
- Groin / Abdominal Pain
- Radiofrequency Lesioning / Cryoablation

WHO ARE WE?

Pain Management Associates is proud to serve Northeast Indiana and neighboring communities with a multidisciplinary approach to pain management. Doctors Stephen J. Hatch and G. David Bojrab are committed to the newest, most current technologies and cutting-edge treatments to better care for our patients. Our physicians are the only anesthesia trained, board certified, interventional pain management physicians in the Fort Wayne area. We incorporate many advanced technologies in our practice such as spinal cord stimulators, indwelling infusion (Morphine) pumps, and radiofrequency ablation (lesioning) to more permanently eliminate spine pain. We take great pleasure in seeing our patients reap the benefits from these revolutionary breakthroughs in patient care.

PHYSICIAN EDUCATION SPOTLIGHT: THE TRUTH ABOUT POSTHERPETIC NEURALGIA

DEFINITION:

Postherpetic neuralgia (PHN) is a serious complication of herpes zoster and is often associated with significant morbidity. Herpes zoster is initially characterized by a prodromal phase that is associated with pain and paresthesia in an affected dermatome. Hours-to-days later, a papular rash appears and progresses to vesicles, then pustules, and finally crusts and heals, three to four weeks later. Herpes zoster, or shingles, is a reactivation of the chicken pox virus that remains dormant in the body for several years. Approximately 10% to 20% of patients who suffer from shingles will progress to PHN.

SYMPTOMS:

The symptoms of PHN are generally limited to the area of the skin where the shingles outbreak first occurred. They may include:

- sharp and stabbing, burning, or deep and aching pain
- extreme sensitivity to touch and temperature change (allodynia)
- itching and numbness
- headaches

In rare cases, one may experience muscle weakness or paralysis, especially if the nerves involved affect motor movement.

CAUSES:

Postherpetic neuralgia results when nerve fibers are damaged during an outbreak of shingles. This complication of shingles occurs most frequently in elderly adults. Fifty percent of adults older than 60 years of age experience PHN after shingles, whereas, only ten percent of all patients will experience PHN after shingles. Postherpetic neuralgia is the number one cause for suicide in the elderly.

TREATMENT AND DRUGS:

- 1. Antivirals.** - Treatment for PHN is initiated with antivirals during the acute herpes zoster outbreak. Drugs such as Acyclovir can be used to treat herpes zoster and have been shown to reduce the duration of rash and zoster-associated pain. These antivirals are most effective when used within 72 hours of the onset of the rash.
- 2. Antidepressants.** - Tricyclic antidepressants have been used extensively for the treatment of PHN, as they have been shown to provide moderate-to-excellent pain relief. Amitriptyline is the most widely prescribed tricyclic antidepressant; however, other tricyclic antidepressants such as nortriptyline and desipramine can be used effectively also. Drugs that inhibit the reuptake of norepinephrine and serotonin

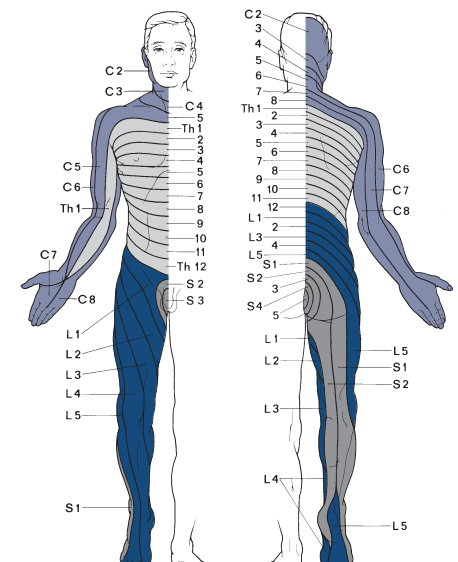
may improve the pain from PHN by raising the threshold sensation of pain.

- 3. Anticonvulsives.** - Patients receiving anticonvulsives such as Lyrica and Neurontin have lower daily pain scores and fewer disturbances in mood and sleep when compared to those receiving a placebo. These medications stabilize neural cell membrane activity, thus, decreasing the sensitivity of peripheral nerves as well as signals in the central nervous system.
- 4. Corticosteroids.** - Although corticosteroids have been used for the prevention and treatment of PHN in the past, they are currently not recommended. Recent studies show that, while patients treated with corticosteroids such as prednisone have a shorter duration of acute pain and faster resolution of the herpes zoster rash, no long-term benefits of PHN have been documented.
- 5. Epidural steroid injections/intercostal nerve block.** - Corticosteroid medications injected into the area around the spinal may help relieve the persistent pain of PHN. This treatment modality has been shown to be exceptionally efficacious in patients, in that, it both limits the duration of outbreak and decreases the number of patients who go on to suffer from PHN.
- 6. Transcutaneous nerve stimulation.** - This treatment involves the placement of electrodes over the painful area, creating electrical impulses to nearby nerve pathways. This device has limited use, but is effective in controlling pain in certain patient populations. The device can be cumbersome and does not show promise for long-term use.
- 7. Lidoderm patches.** - These patches are applied to the affected area and can be cut to fit. Some patients report partial effect with this drug. Lidoderm patches can protect the affected area, which may be experiencing allodynia.

- 8. Spinal cord/dorsal column stimulation.** - Spinal cord stimulation can be very effective in patients who suffer from the debilitating pain of PHN. Many patients who are refractory to the above treatment modalities enjoy success with spinal cord stimulation. In many patients with PHN and acute herpes zoster pain that is not alleviated with pharmacological approaches, spinal cord stimulation can permanently improve the neuropathic pain associated with this disease.

CONCLUSION:

Postherpetic neuralgia is a debilitating disease, especially in older individuals. The early use of antivirals is paramount. Treatment of PHN begins with early diagnosis and treatment of herpes zoster. Other treatment modalities such as topical analgesics, antidepressants, anticonvulsants, and opioids are used to symptomatically improve the quality of life of patients. Spinal cord stimulation ultimately can provide good-to-excellent pain relief in patients who are refractory to pharmacologic intervention.



ABOUT OUR PHYSICIANS . . .



G. DAVID BOJRAB, M.D.

Professional Licensure, State of Indiana

Affiliations: Parkview Health System, Lutheran Hospital, St. Joseph Medical Center, Dupont Hospital.

Board Certification:

1992 - Diplomate, National Board of Medical Examiners
 1996 - Diplomate, American Board of Anesthesiology
 1998 - Diplomate, American Board of Pain Medicine
 2007 - Fellow of Interventional Pain Practice

Personal Information

Birth Place: Fort Wayne, Indiana
 Graduated: Carroll High School

Education

Residency training:
 Indiana University, Indianapolis, IN, Anesthesia & Pain Management

Internship:
 Fort Wayne Medical Education Program, Fort Wayne, IN in Family Practice

Indiana University, Bloomington, IN
 Degree: Doctor of Medicine

Indiana University, Bloomington, IN
 Degree: Bachelor of Arts (Chemistry), Highest Distinction



STEPHEN J. HATCH, M.D.

Professional Licensure, State of Indiana

Affiliations: Parkview Health System, Lutheran Hospital, St. Joseph Medical Center, Dupont Hospital.

Board Certification:

1991 - Diplomate, National Board of Medical Examiners
 1995 - Diplomate, American Board of Anesthesiology
 1997 - Diplomate, American Board of Pain Medicine
 2006 - Fellow of Interventional Pain Practice

Education

Residency training:
 Wake Forest University Medical Center, Anesthesiology & Pain Management

Internship:
 Wake Forest University Medical Center in Internal Medicine and Pediatrics

Wake Forest University Medical School
 Degree: Doctor of Medicine

Alma College, Alma, MI
 Degree: Bachelor of Science with Honors (Biology), Magna Cum Laude.

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MISSION STATEMENT: Pain Management Associates focuses on the well-being of each patient who is referred to our practice. Our scope of care includes the diagnosis and treatment of acute, chronic and cancer pain. The primary goal of Pain Management Associates is to provide professional care to our patients in a hands-on, compassionate manner. We are committed to utilizing the most current, cutting-edge, interventional and adjunctive pain management techniques and treatments. Listening to our patients and coordinating their care with their primary care physician allows us to reach our treatment goals, understanding that not all pain can be completely alleviated. We will maintain the high standards of our national board and professional societies.

How To Make a Referral to our office: Early intervention is the key to success. Acute pain if untreated can become chronic which is much more difficult to treat. Referrals may be made to Pain Management Associates by physician only, either by fax or phone. Records and imaging studies may be faxed to our office at (260) 490-7254. When we receive the referral information, we will contact the patient to make a timely appointment.

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