

PAIN CENTER TRIVIA!

Q: Patients Treated at Advanced Interventional Pain Center Can Expect to

- A. Get Long Term Pain Relief.
- B. Get Permanent Pain Relief.
- C. Avoid Addictive Pain Pills and Patches.
- D. Avoid or Postpone Surgery.
- E. All of the Above. ✓

Who wants to be Pain Free? Right Answer ‘E’ only at Advanced Interventional Pain Center!

For Appointments Call: 727-474-6507

Nation’s First and Only Pain Center to Announce its Treatment Outcomes to the Public

Advanced Interventional Pain Center Pain Treatment Success Rates

The following table illustrates some common pain conditions and their outcomes or success rates in *non smokers* or in patients who quit smoking during the treatments, have eliminated adverse work activity and do not suffer re-injury to the same area. Morbid obesity reduces the pain free interval following treatments for joint pain. Age and gender *do not* influ-ence the outcome of treatments. Patients with underlying immunological or infectious disorder (except in Shingles) causing the pain condition may not respond. Although the practice is relatively small as compared to other pain prac-tices, the table below represents overall experience from treating more than 3000 individual patients. Success rates for 100% long term pain relief are found in over 90% of patients treated

Pain Condition	Pain relief period after treatment at Advanced Interventional Pain Center
Back pain (cervical, thoracic and lumbar) from facet joint arthritis	6 to 8 months without using neuroablation. A few patients received up to 2 years of pain relief.
Back pain from failed back surgery syndrome	6 to 8 months are more
SI joint pain	6 to 8 months
Shoulder pain ((includes those with failed shoulder surgery)	8 months to a year or more
Hip joint pain (includes those with failed hip replace-ments)	3 to 6 months
Knee pain (includes those with failed knee replace-ments)	3 to 6 months without using synvisc or similar drugs.
Radiculitis (cervical, thoracic and lumbar) without paralysis or more than grade I anterio-posterior spondylolisthesis. Note: lateral spondylolisthesis causing radiculitis responds to treatments	1 year or more
Vascular pain, early necrosis	Permanent pain relief with reversal of early necrosis, no surgery required, no repeat treatments required. One patient had a blocked popliteal graft, still re-ceived permanent pain relief.
Post herpetic neuralgia	Permanent pain relief, no repeat treatments required.
CRPS (without initial nerve injury)	Permanent pain relief, no repeat treatments required.
Chronic pelvic pain in women without intra-abdominal pathology	Permanent pain relief, no repeat treatments required.
Chronic headaches	Varies. Permanent pain relief in some, palliative in others. Treatments reduce the intensity of headaches and frequency of visits to ER.
Costochondritis (from surgery eg., sternotomy, thora-cotomy)	Permanent pain relief, no repeat treatments required.
Costochondritis, age related	Varies, mostly permanent pain relief. One patient required treatments every 3 to 5 months.
Heel spur (Calcaneal spur)	Permanent pain relief in most cases. 6 to 8 months or more in obese individuals.
Non Painful Conditions	Treatment outcome at Advanced Interventional Pain Center
Lymph edema (benign, non cancer related)	Permanent resolution of edema
Lymph edema, cancer related	Greater than 50% resolution with 1 treatment.
Hyperhidrosis (excessive sweating of hands)	Permanent resolution of symptoms with 1 to 2 treat-ments

Treatment success rate at Advanced Interventional Pain Center = 90% or more. Patients who were non compliant with the treatment program (unable to quit smoking, not keeping with the follow-up appointments etc.,) were not included. Narcotic Medications were NOT used in the treatment program. National and International Average for pain treatment success = 50% or less. No. of patients seen for the non painful conditions are very few to suggest the same degree of success in others with the same condition.

