

# INTERVENTIONAL PAIN MANAGEMENT

DWAYNE E. JONES, MD, LLC

American Board of Anesthesiology

American Board of Pain Management

American Board of Interventional Pain Physicians

Fellow of Interventional Pain Practice



## **More Locations For Your Convenience.**

Centerpoint Ambulatory Surgery Center

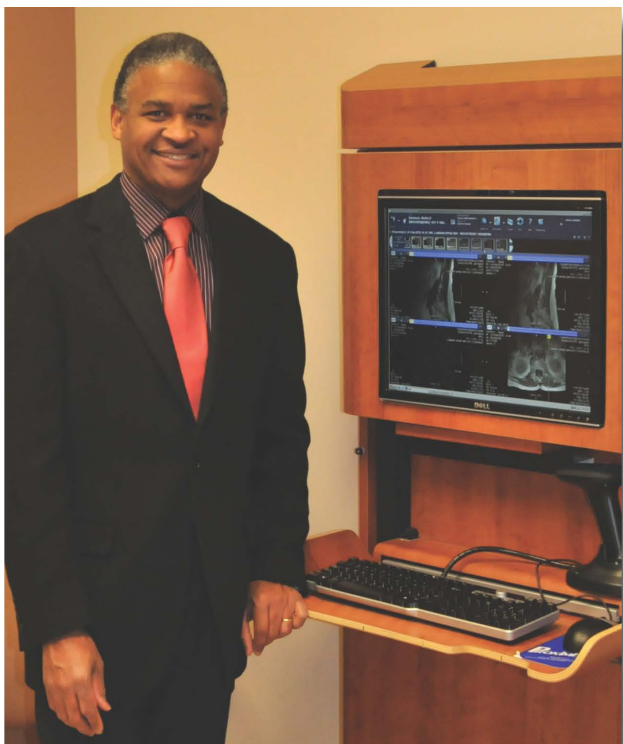
Centerpoint Medical Center

Harrison County Community Hospital

Lee's Summit Medical Center

North Kansas City Hospital

**Contact Us: 816.268.6395**



Dr. Jones is one of a select group of pain specialists in the Kansas City area with fellowship certification through the American Board of Anesthesiology, American Board of Pain Management, American Board of Interventional Pain Management Physicians and the World Institute of Pain.

Dr. Jones lectures nationally as part of the pain management section of The National Medical Association. He also trains physicians in the techniques of spinal cord stimulation, radiofrequency neurolysis and intradiscal therapy.

A native of Kansas City, Kansas, Dr. Jones attended high school and college prep at the Northfield Mount Hermon School in Northfield, MA and earned an undergraduate degree from Harvard University. He completed medical school at Meharry Medical College, following in the footsteps of his grandfather, father, and brother.

Dr. Jones completed a surgery internship at the George Washington University Hospital, followed by an anesthesiology residency at King/Drew Medical Center (a UCLA-affiliated hospital), and he completed fellowship training in chronic pain management at The Oregon Health Sciences University.

Dr. Jones joined the faculty of UMKC medical school and the anesthesiology department at St. Luke's Hospital in 1995. While in the St. Luke's Health Systems, Dr. Jones developed interventional pain management programs at St. Luke's Northland Hospital (1996) and the Kansas City Orthopedic Institute (2000), and he served as medical director of pain management at St. Luke's Hospital (1998 - 2001).

Dr. Jones currently practices interventional pain management at the following locations: Centerpoint Medical Center, Centerpoint Ambulatory Surgery Center, Harrison County Community Hospital, Lee's Summit Medical Center & North Kansas City Hospital.

**DWAYNE E. JONES, MD, LLC**  
**BACKGROUND**

## State of the Art Diagnostic Services & Innovative Therapies

- Back and Neck Pain
- Diabetic Neuropathy
- Foot and Ankle Pain
- Headache Pain
- Joint Pain
- Muscle Pain and Spasm
- Post-Injury Pain
- Shingles Pain
- Workers Compensation Injuries

## Procedures

- Cervical, Lumbar and Thoracic Epidural Injections
- Cervical and Lumbar Selective Nerve Root Blocks
- Diagnostic Discography (Cervical/Thoracic/Lumbar)
- Epidural Steroid Injections (Fluoroscopically Directed)
- Facet Joint Injections
- IDET Procedures
- Kyphoplasty
- Medication Mgmt. with Review of Medical Records
- Percutaneous Disc Decompression
- Percutaneous Transfascial Facet Arthrodesis (TruFuse)
- RACZ Caudal Neurolysis
- Radiofrequency Nerve Ablation
- Sacroiliac Joint Injections
- Second Opinion Consultations
- Selective Epidural Injections
- Spinal Cord Stimulation (Trials & Implants)
- Trigger Point Injections
- Vertebroplasty

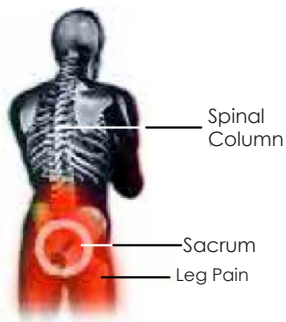
## Referral Process

The first step in treating pain is making an accurate diagnosis. Dr. Jones suggests that you be referred to him by a medical provider (family physician, surgeon, nurse practitioner, chiropractor) who is familiar with your pain condition. This facilitates obtaining results of previous medical information relative to your condition prior to your appointment.

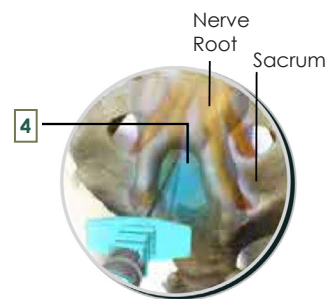
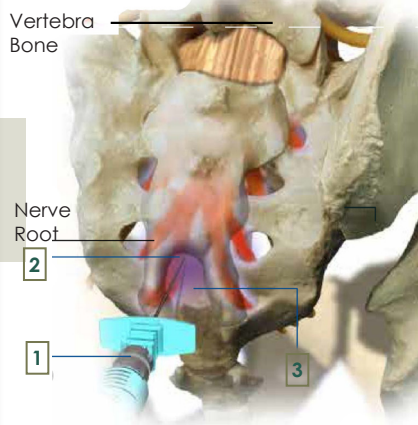
Evaluating your pain condition is our primary concern. The initial evaluation is thorough in order to determine the true cause of your pain. Dr. Jones will review the results of previous diagnostic tests and may recommend additional medical tests to find the cause of your pain.

Dr. Jones will work with you to create an individualized plan of treatment for your pain so that you may resume your everyday activities.

Please contact our office for any questions at **816.268.6395**.



RADIATION LEG PAIN  
BEFORE INJECTION



NERVE PAIN RELIEVED  
AFTER INJECTION

## Overview

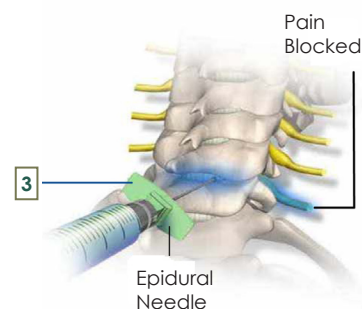
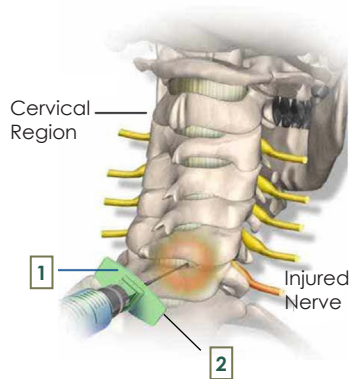
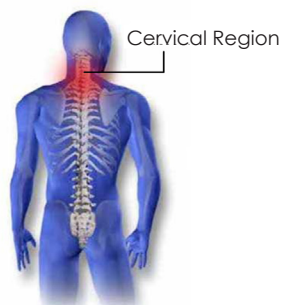
This injection procedure is performed to relieve low back and radiating leg pain. The steroid medication can reduce the swelling and inflammation caused by spinal conditions, such as spinal stenosis, radiculopathy, sciatica and herniated discs.

### Sacral Hiatus Located

In this procedure, the patient lays face down. A cushion is placed under the stomach area for comfort and to arch the back. The physician uses a fluoroscope to find the small opening at the base of the sacrum called the **sacral hiatus**.

1. **Anesthetic Injected.** A local anesthetic numbs the skin and all the tissue down to the surface of the sacral hiatus.
2. **Epidural Inserted.** The physician then guides a needle through the anesthetized track and into the epidural space. The needle is carefully inserted about one to two centimeters.
3. **Contrast Dye Injected.** Once inside the sacral hiatus space, a contrast or non-allogeneic iodine base solution is injected. This solution helps the physician see the diseased and painful areas using a fluoroscope.
4. **Steroid Injected.** A steroid-anesthetics mix is injected into the epidural space, bathing the painful area in medication.

**End of Procedure.** The needle is removed. The tiny surface wound is covered with a small bandage. In some cases it may be necessary to repeat the procedure as many as three times for the patient to feel the full benefit of the medication. However, many patients feel significant relief from only one or two injections.



## Overview

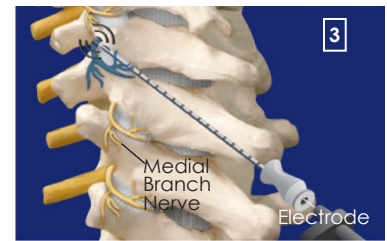
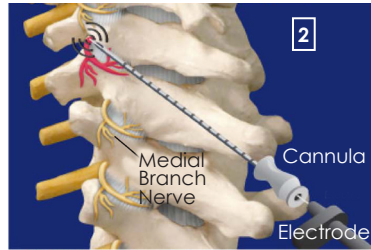
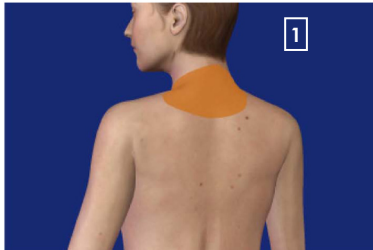
This injection relieves pain in the neck, shoulders, and arms caused by a pinched nerve (or nerves) in the cervical spine. Conditions such as herniated discs, spinal stenosis, or radiculopathy can compress nerves, causing inflammation and pain. The medication injected helps decrease the swelling of nerves.

### Patient Sedated

The procedure is performed with the patient lying down. Intravenous sedation may be administered, and a region of skin and tissue of the neck is numbed with a local anesthetic delivered through a small needle.

1. **Needle Inserted.** Using x-ray guidance (also called fluoroscopy), the physician guides a larger needle to the painful area of the neck. The needle is inserted into the epidural space, which is the region through which spinal nerves travel.
2. **Contrast dye.** Contrast dye is injected into the space to make sure the needle is properly positioned near the irritated nerve or nerves.
3. **Steroid Injected.** A combination of an anesthetic and cortisone steroid solution is injected into the epidural space. The steroid is an anti-inflammatory medication that is absorbed by the inflamed nerves to decrease swelling and relieve pressure.

**End of Procedure.** The needle is removed and a small bandage is applied. The patient goes to a recovery room and is given food and drink and discharged with post treatment instructions. Some patients may need only one injection, but it may take two or three injections (administered two weeks apart) to provide significant pain relief.



## Overview

This minimally-invasive procedure, also called **radiofrequency** (or RF) rhizotomy, reduces or eliminates the pain of damaged facet joints by disrupting the medial branch nerves that carry the pain signals. This procedure is performed with local anesthetic.

### 1. Preparation

The neck and shoulder are cleaned and sterilized. Local anesthesia is administered to numb the tissue at the injection site down to the spinal column.

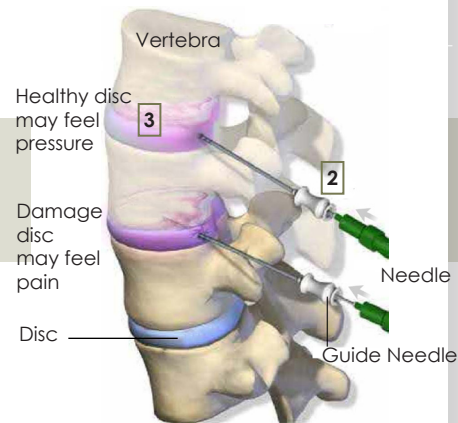
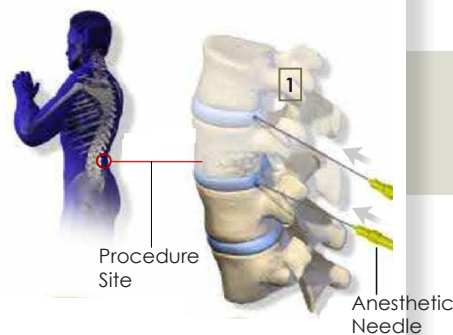
**Inserting the Cannula.** The physician uses an x-ray device called a fluoroscope to carefully guide a needle like tube called a cannula to the irritated medial branch nerves.

**2. Injecting the Radiofrequency Electrode.** A radiofrequency electrode is inserted through the cannula. The physician tests the electrode's position by administering a weak electric current. If the stimulation recreates the pain without any other muscular effects, the electrode is positioned correctly.

**3. Heating the Nerve.** The physician uses the electrode to heat and cauterize the nerve. This disrupts its ability to communicate with the brain, blocking the pain signals. Multiple nerves may require treatment.

**End of Procedure.** The electrode and cannula are removed, and the injection site is covered with a small bandage. Although pain may increase for the first week after the procedure, the patient usually has full relief from pain within a month. Successful RF neurotomies can last longer than steroid block injections.





## Overview

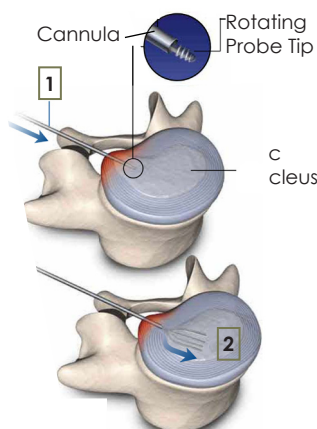
Discography, also called discogram, is a diagnostic procedure used to determine if back pain is caused by one or more discs. The procedure involves pressurizing discs with an injection of sterile liquid to induce pain in the affected discs. Discography helps the specialist plan a course of treatment.

1. **IV Inserted.** Patients lie either on their side or stomach on a table equipped with a fluoroscopic (x-ray) unit. An intravenous (IV) line administers medication that relaxes the patient. It is important for patients to be awake enough to tell the doctor what they are feeling. A local anesthetic numbs the skin and all the tissue down to the disc area.
2. **Guide Needles Inserted.** Using fluoroscopy to identify the correct location, the doctor inserts a guide needle through the anesthetized track to the outer edge of the disc. A smaller needle is inserted through the guide needle into the center of the disc. This may be repeated for more than one disc.
3. **Discs Tested.** Once all the needles are placed, the discs are pressurized one at a time with injections of contrast dye. With each injection, patients feel either pressure or pain. If pain is felt, it is important for patients to compare it to the pain they had been experiencing. If it is the same, this may indicate a diseased disc.

**Needle Removed.** After each disc is tested, images are taken with the fluoroscopic unit. The needles are removed. Patients may be taken for a CT scan to obtain additional images of the inside of the discs.



HERNIATED DISC  
BEFORE PROCEDURE



DISC AFTER PROCEDURE

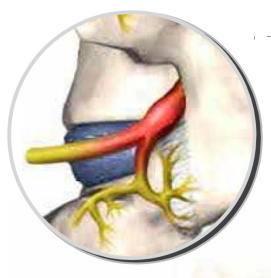
## Overview

This minimally-invasive procedure uses a small needle and probe device to reduce a herniated disc, quickly relieving pain in most patients. The procedure may be performed on an outpatient basis using a gentle, relaxing medicine and local anesthetic.

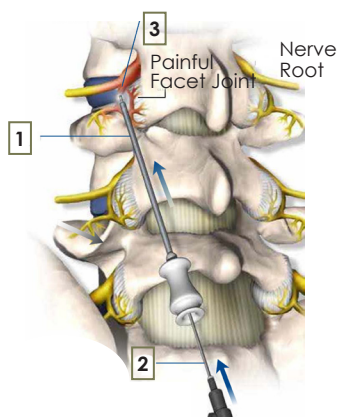
1. **Cannula Inserted.** After some anesthetic is injected to numb the area, a thin needle called a cannula is inserted through the back and into the herniated disc. The surgeon uses x-ray images to guide the placement of the cannula.
2. **Disc Nucleus Treated.** The small probe is carefully inserted through the cannula and into the disc. When the probe is turned on, its rotating tip removes small portions of the disc nucleus. Because only enough of the disc is removed to reduce pressure inside the disc, the spine remains stable.
3. **Herniation Relieved.** The empty space created by the probe allows the disc to reabsorb the herniation.

**End of Procedure and After Care.** The probe and needle are removed, and the insertion area in the skin is covered with a small bandage. Because no muscles or bone are cut during the procedure, recovery is fast and scarring is minimized. The patient may need a day of bed rest after the procedure, as well as physical therapy. Most may return to normal activity within one to six weeks.





NERVES BEFORE  
PROCEDURE



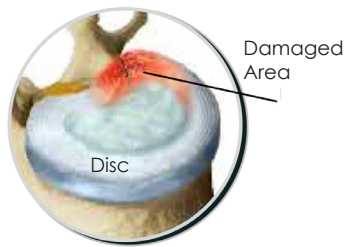
NERVES AFTER  
PROCEDURE

## Overview

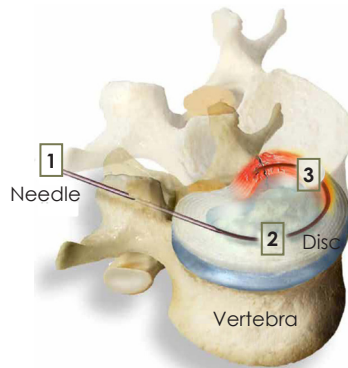
This minimally-invasive procedure, also called **radiofrequency** (RF) rhizotomy, reduces or eliminates the pain of damaged facet joints by disrupting the medial branch nerves that carry the pain signals. This procedure is performed with local anesthetic.

1. **Cannula Inserted.** A needle-like tube called a **cannula** is inserted and positioned near the irritated medial branch nerves. An X-ray or fluoroscope is used to help position the cannula properly.
2. **Electrode Inserted.** A radiofrequency electrode is inserted through the cannula. The surgeon tests the electrode's position by administering a weak electric jolt. If the stimulation recreates the pain without any other muscular effects, the electrode is positioned correctly.
3. **Nerve Treated.** The surgeon uses the electrode to heat and cauterize the nerve. This disrupts its ability to communicate with the brain, blocking the pain signals. The surgeon may treat multiple nerves if needed.

**End of Procedure.** After the procedure, the electrode and cannula are removed. Although pain may increase for the first week after the procedure, the patient usually has full relief from pain within a month. Successful RF neurotomies can last longer than steroid block injections.



DISC BEFORE PROCEDURE



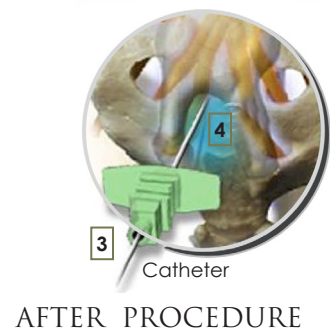
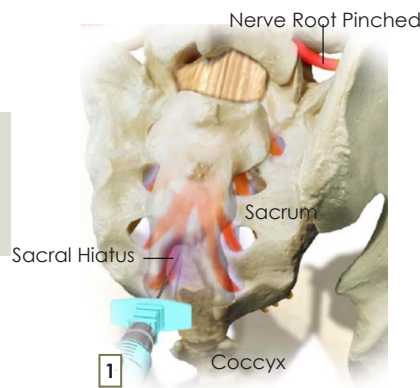
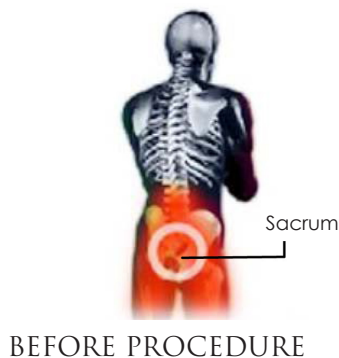
DISC AFTER PROCEDURE

## Overview

This minimally-invasive procedure is designed to alleviate the effects of low back pain caused by disc disease or small disc herniations. The IDET procedure is usually performed on an outpatient basis. The patient is awake during the hour-long procedure that uses local anesthesia and a mild sedative to reduce discomfort.

1. **Needle Inserted.** After the affected disc level is located, the surgeon uses live x-ray imaging to guide a hollow needle into the disc.
2. **Heating Wire Inserted.** An electrothermal catheter, or heating wire, is then inserted through the needle and maneuvered to find the diseased portion of the disc.
3. **Disc Wall Treated.** The temperature of the heating catheter is slowly increased to about 195 degrees Fahrenheit (90 degrees celsius), raising the temperature of the damaged disc wall.
4. **Tears Shrink.** The heat shrinks and repairs the tears in the disc wall area. Small nerve endings are also cauterized, or burned, to make them less sensitive. The patient may feel some pain during the procedure, which is an indication that the heat is being applied to the appropriate area.

**End of Procedure.** The catheter and needle are removed. The insertion area in the skin is covered with a small bandage.



## Overview

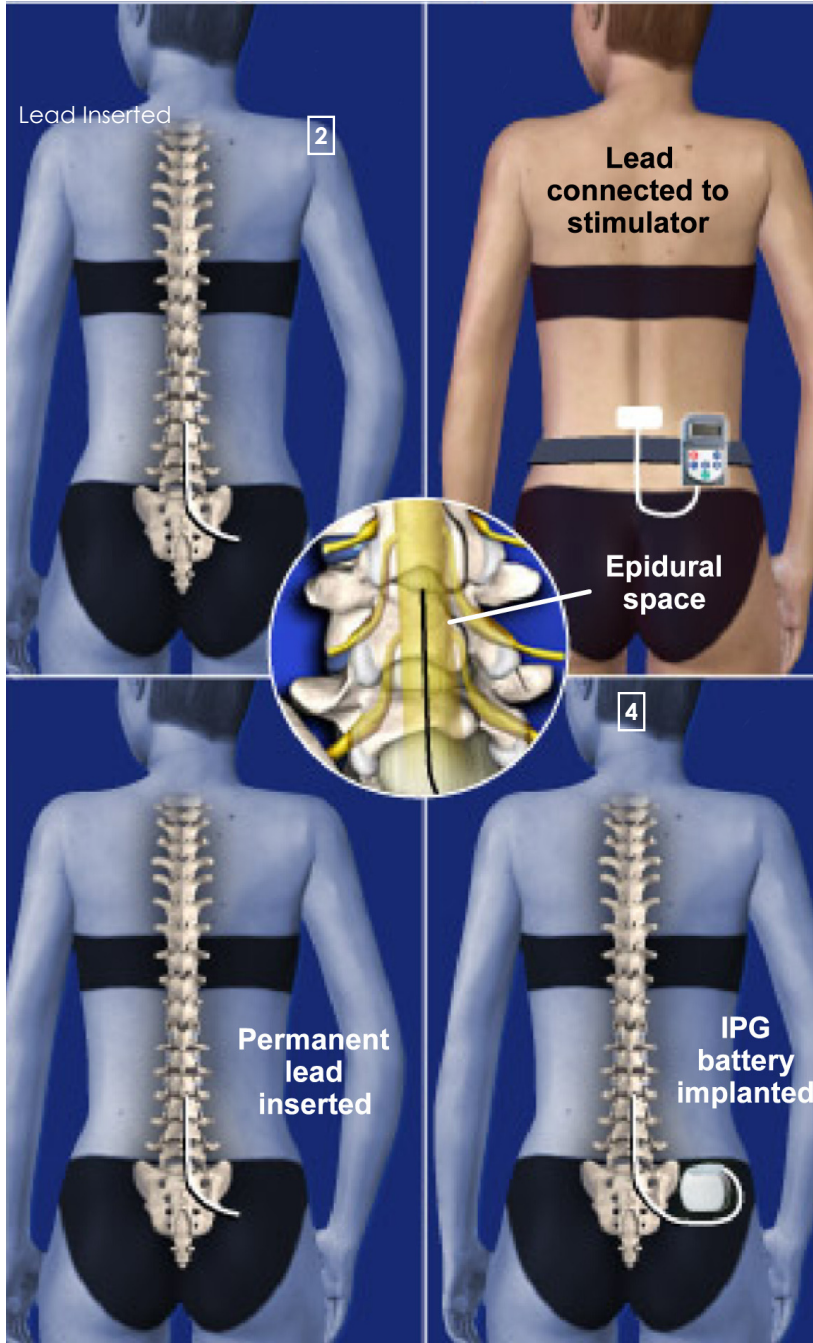
This injection, generally performed as an outpatient procedure under local anesthesia, relieves low back and leg pain most often caused by scarring from a prior back surgery. The procedure is performed with the patient lying face down with a cushion placed under the stomach.

### Anesthetic Injected

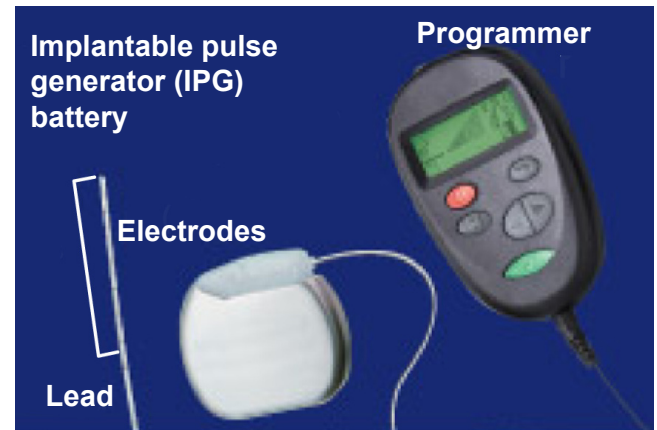
The physician locates the small opening at the base of the sacrum (called the sacral hiatus) and injects a local anesthetic that numbs the skin and all the tissue down to the surface of the sacral hiatus.

1. **Needle Inserted.** The physician then guides the needle through the anesthetized track and into the epidural space.
2. **Contrast Solution Injected.** A contrast solution is injected, allowing the physician to see the scarred and painful areas on an X-ray device called a fluoroscope.
3. **Catheter Inserted.** A small, flexible catheter is fed through the needle and positioned at the location of scarring.
4. **Medication Injected.** A steroid-anesthetics mix is injected through the catheter and around the scarring, bathing the painful area in medication and dissolving the scar tissue.

**End of Procedure.** The needle and catheter are removed. In some cases, it may be necessary to keep the catheter in place to allow for more injections over the next few days. It also maybe necessary to repeat the procedure a few months later to reduce scar tissue further.



## Parts of the SCS System



Implant's pulses programmed with



# Overview

Spinal cord stimulation (also called SCS) uses electrical impulses to relieve chronic pain of the back, arms and legs. It is believed that electrical pulses prevent pain signals from being received by the brain. SCS candidates include people who suffer from neuropathic pain and for whom conservative treatments have failed.

**Trial Implantation.** The injection site is anesthetized. One or more insulated wire leads are inserted through an epidural needle or through a small incision into the space surrounding the spinal cord, called the epidural space. Electrodes at the end of the lead produce electrical pulses that stimulate the nerves, blocking pain signals. The patient gives feedback to help the physician determine where to place the stimulators to best block the patients pain. The lead is connected to an external trial stimulator, which will be used for approximately one week to determine if SCS will help the patient. The trial typically lasts around seven days. If the patient and physician determine that the amount of pain relief is acceptable, the system may be permanently implanted. At the end of the trial implantation, the lead is removed.

**Permanent Implantation.** The permanent implantation may be performed while the patient is under sedation or general anesthesia. First, one or more permanent leads are inserted through an epidural needle or small incision into the predetermined location in the epidural space.

**Battery Implantation.** Next, a small incision is created, and the implantable pulse generator (IPG) battery is positioned beneath the skin. It is most often implanted in the buttocks or abdomen. The lead is then connected to the IPG battery.

**End of Procedure.** The implants electrical pulses are programmed with an external control unit. The patient can use the external control unit to turn the system on or off and adjust the stimulation power level and switch between different programs.

**After SCS Implantation.** After surgery, patients may experience mild discomfort and swelling at the incision sites for several days.

## Notes

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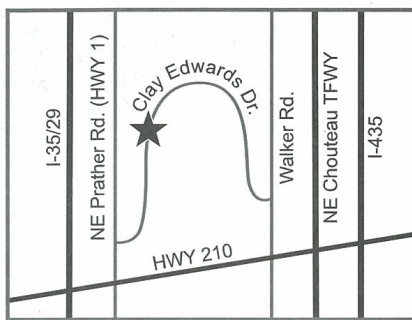


### Centerpoint Ambulatory Surgery Center

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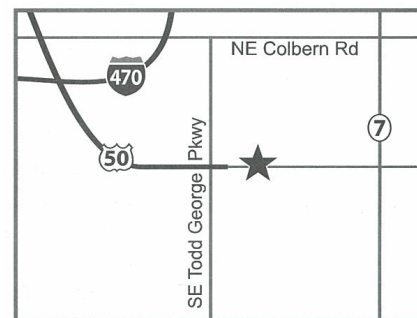
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### North Kansas City Hospital

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### Lee's Summit Medical Center

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Lee's Summit, MO 64063  
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Fax: 816.282.5808

### Contracted Insurance Plans.

- Aetna
- Blue Cross/Blue Shield
  - Blue Care
  - Blue Advantage
  - Blue Advantage Plus
- Beechstreet
- Cigna
- Community Health Plan
- Comp Results
- Corvel
- Coventry
  - Coventry Advantage
- First Health/CCN
- Freedom Network
- Focus
- Healthcare Preferred (Coventry)
- Health Choice NW MO
- HMCC
- Humana
- Medicare
- MultiPlan
- NPPN
- Occupational Health Management
- Preferred Health Care Systems
- Preferred Health Professionals (PHP)
- RR Medicare
- Tricare
- United Healthcare
- US Department of Labor
- USA Managed Care

*If patient has already been seen by Dr. Jones, the patient can continue under "continuity of care."*

For more information visit the website  
**[www.dejonesmd.com](http://www.dejonesmd.com)**