



Pain management improves care, reassures patients

Pain management is a primary focus of patient care at Aspen Valley Hospital (AVH). Long gone are the frontier days when the best medicines were whisky and a bullet to bite. Today, AVH offers an array of techniques, medications, and therapies to keep patients as comfortable as possible. In fact, physicians at AVH consider pain management to be an ethical responsibility.

“While pain management is not new, we have many new techniques and a very systematic approach to applying state-of-the-art pain control,” says Chris Beck, MD, an AVH anesthesiologist and pain management specialist. “We understand that pain, if not treated quickly, can worsen simply due to a phenomenon known as ‘wind-up.’ If we can prevent the wind-up with prompt intervention, we can better manage the patient’s pain in the long run.”

Surgical and post-surgical pain management

At AVH, management of surgical pain begins with an assessment including the person’s medical history, surgical procedure, and needs. The anesthesiologist and surgeon can then discuss the best options — and establish realistic expectations — for pain management.

“Patients know they don’t want to hurt during or after surgery,” notes Dr. Beck. “My job — in collaboration with the



Chris Beck, MD, is part of a team that provides anesthesia and pain management services at AVH.

surgeon and the patient — is to determine what type of anesthesia will be most effective during surgery, and what type of analgesia will be most effective after surgery.” It is important to consider the entire perioperative experience to ensure maximum pain control.

In the past decade, research has enhanced our understanding of pain and its effect on physical and psychological healing. For example, numerous studies have shown the effectiveness of using available pain management tools in combination, a practice known as **multimodal analgesia**. Other research has revealed new data about the safety and efficacy of particular tools. The major types of pain management medications include:

- **Opioids**, morphine-like medications that are effective, but with significant side effects including nausea, sedation, itching, and urinary retention. They must be used cautiously and for as short a period of time as possible.
- **Oral medications** including Tylenol and non-steroidal anti-inflammatory drugs (NSAIDs) such as Celebrex and Toradol. When used appropriately, these medications can reduce post-operative pain and the need for opioids.
- **Local anesthetics** that numb nerves that would normally send a pain signal to the brain. Administration is by injection or continuous nerve blocks. This type of anesthetic is used for certain types of surgery and/or post-operative pain. Epidurals are local anesthetics commonly used to ease pain from childbirth, rib fractures, and lower body injuries. They may last for 12 to 72 hours, depending on need.

Labor pain

Patients preparing for the delivery of a baby often have strong feelings about their pain control preferences. At AVH, we try to accommodate each woman’s needs including offering epidurals any time of the day or night.

“We always have an extra anesthesia provider available for epidural anesthesia,” says Dr. Beck. “This extra hand enables us to administer the medication when the time is right

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and to help our patients have the best possible birthing experience.” State-of-the-art techniques are used, resulting in optimal pain relief with minimal side effects.

Mindy Nagle, MD, obstetrician at AVH, is complimentary of the anesthesia staff’s responsiveness and capabilities. “It is not the norm for a small hospital to have around-the-clock coverage. We are fortunate that we do at AVH, and I can assure you it is appreciated by my patients,” she says.

Emergency care and pain

Pain management techniques are also used in AVH’s emergency department. Because visual clues are crucial to identifying pain in an emergency setting, the department is designed to allow constant monitoring of patients entering the building, waiting for care, or being attended.

“If the patient is hunched over, crying, or agitated, we act quickly to assess and alleviate the pain,” says Christina Ahmadian, MD, emergency medicine specialist. “We repeatedly ask patients about what they’re experiencing: Is the pain constant or intermittent? Is it getting better or worse?”

In addition, physicians and nurses often ask patients to rate their pain on a scale of zero (no pain) to 10 (severe pain). This pain assessment is, essentially, the “fifth vital sign.” It tells caregivers a lot about the patient’s condition, just as blood pressure or temperature does.

“Some patients try to be stoic,” Dr. Ahmadian says. “But physicians know that certain conditions are quite

painful — a kidney stone for example — and thus require medication.”

Medications are not always appropriate for emergency pain management, and precautions must be taken for patients who have mental confusion, medication allergies, or liver failure. For patients who have relatively mild pain, techniques such as relaxation exercises and fluids may provide sufficient relief. Whatever the need, a patient in the AVH emergency department can count on a quick assessment and appropriate intervention.

Personalized care for chronic pain

For more than a year, a middle-aged man had suffered with pain in his legs and lower back. He had no faith that anyone could alleviate his agony. Eventually, however, he was referred to Giora Hahn, MD, anesthesiologist and director of AVH’s Pain Center of the Roaring Fork Valley. Dr. Hahn diagnosed the problem as a degenerative spinal disc, gave the man a directed injection of corticosteroids, and prescribed



Giora Hahn, MD, uses fluoroscopy for exact placement of an injection to relieve back pain.

rehabilitation and physical therapy. Three years later, the patient is still free of pain.

Success stories like this are common in Dr. Hahn’s practice, where a variety of pain management techniques are used. Personalization is extremely important, whether Dr. Hahn is treating a patient with lower back pain, headache, or other chronic pain. Following an initial assessment, he tailors a regimen that may include injectable and oral medications, physical therapy, rehabilitation, and alternative therapies such as acupuncture and relaxation training.

“Because the experience of pain varies from person to person,” explains Dr. Hahn, “individualization is key to effective management.” There are many factors that contribute to a person’s reaction to pain, and that is the reason that individually catered care is crucial. “From early childhood, we learn about how to cope with pain,” adds Dr. Hahn. “It is when the discomfort overtakes us that appropriate treatment is a must.”

Pain as an early sign or symptom

Our associations with and reactions to pain are usually negative. But as a triggered response of the nervous system, pain alerts us to illness or injury. It often signals a medical emergency and provides useful diagnostic information.

Whether pain is chronic or sudden, AVH strongly recommends that you pay attention to it and take appropriate action. “Generally, it’s best to seek help sooner rather than later,” Dr. Hahn advises. “You don’t want the pain or underlying condition to simmer and then flare out of control, because then it may be harder to treat.”



When medical care can't wait ...

What's the average length of stay in a U.S. hospital emergency department?

- A. Less than one hour
- B. Two hours
- C. Four hours

The correct answer: Four hours.

Compare that to the average stay in the emergency department at Aspen Valley Hospital (AVH): less than two hours — including, if needed, services such as laboratory testing, radiology, and physical therapy.

“When you are sick or in pain, every minute matters,” says Steve Knowles, RN, BSN, manager of the emergency department. “We are blessed with an extraordinary team of physicians and nurses, as well as the combined resources of the hospital, to keep the average length-of-stay time at about 110 minutes.”

How AVH makes a difference

Once a patient arrives in our emergency department, a nurse or paramedic will typically begin triage and registration immediately. Pertinent information about

the patient's condition and medical history will be collected, and radiological or laboratory tests are ordered.

With a board-certified emergency physician always on duty, treatment can begin quickly. The physician may consult with the patient's primary doctor, surgeons, or other specialists. If additional testing or physical therapy is needed, those services are provided on site. For more serious cases, the patient may be admitted to AVH or transferred to another facility. This is a flow that can usually be followed for every patient, even during the busy winter recreation season.

Throughout the process, loved ones may wait in a designated area. (In most cases, a family member may stay with the patient to act as a comfort and advocate.) AVH also has a patient representative to address questions and help loved ones with logistical concerns, such as lodging and transportation needs.



Peg Vidakovich, RN, is one of this patient's caregivers in the emergency department.

Focusing on quality

One reason for the efficiency of AVH's emergency department is that all its physicians are board-certified, and all its nurses have special training in emergency medicine. That means quality of care is never sacrificed for speed.

Another crucial factor is the other departments at the hospital. “We have amazing assistance from the many departments that support us,” Steve says. “We could not provide this level of patient care alone. We are proud of everyone who contributes to the emergency department's success.”

Safety Rule #1

“Wear safety equipment — especially a helmet — when you're skiing,” says Steve Knowles, RN, BSN, manager of the emergency department at Aspen Valley Hospital (AVH). “Unfortunately, we see traumatic head and spine injuries every ski season. A helmet may not prevent every injury, but we've definitely seen situations where helmets saved lives.”

AVH promotes sports safety all year long through the Think First project, which distributes free helmets at school and community events.



Average time spent in emergency departments*

National average:
240 minutes

Colorado average:
217 minutes

AVH average:
110 minutes

*Source: Press Ganey Associates, Inc.

Calendar of Events

Midvalley Health Day

Saturday, October 27

8:30 a.m. - noon

El Jebel Community Center

Joint Pain & Treatment Options

With Drs. Tom Pevny and Tom St. John

Monday, October 29

6:00 p.m.

Aspen Valley Hospital

Pre-registration required at 920-4151

Prostate Cancer Screening

For men age 45 and older

Presented by AVH and the

Aspen Given Foundation

Tuesday, November 6

Thursday, November 15

Tuesday, November 27

Noon - 3 p.m.

Aspen Valley Hospital

Call 925-3730 for appointment

Senior Health Fair

For those age 60 and older

Friday, November 16

8:30 - 10:30 a.m.

Aspen Valley Hospital

For more information, call 544-1296.

Welcome the newest members of the Aspen Valley Hospital Medical Staff



Michael Newberry, MD

Psychiatry and Addiction Medicine

Dr. Newberry's practice focuses on psychological, spiritual, social, and biological aspects of health. Please call (970) 477-0700 for an appointment.



Gary M. Weiss, MD

Neurology and Electrodiagnostic Medicine

Trained at the Mayo Clinic, Dr. Weiss brings a wealth of knowledge and experience to Aspen area residents. Please call (970) 477-0700 for an appointment.



W. Jason Martin, MD

Plastic and Reconstructive Surgery

Dr. Martin has extensive training in breast and body contouring and the latest minimally invasive procedures of the face and body. Please call 544-0500 for an appointment.



Natasha Knight, MD

Obstetrics and Gynecology

Dr. Knight practiced full scope OB/GYN in Florida for seven years before joining All Valley Women's Care in Aspen and Basalt. Please call 925-9480 or 927-1717 for an appointment.

National award bestowed upon AVH

Aspen Valley Hospital (AVH) has once again been honored by Avatar International with an "Exemplary Service" national award for exceeding patient expectations. A random sample of AVH patients is surveyed monthly by Avatar. According to AVH CEO Dave Ressler, "Patient surveys are one of many methods we use to evaluate the patient's experience. We are very proud of the care our staff provides and honored to be the recipient of this award."



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