



# Valley Pain Specialists, PC

Consultants in Acute and Chronic Pain Management

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NEWSLETTER



VOLUME 1

NUMBER 2

## Complex Regional Pain Syndrome (CRPS) / Reflex Sympathetic Dystrophy (RSD)

Without dispute, bone and soft tissue injury can be extremely painful but fortunately these types of injuries do not often cause chronic pain in and of themselves. Nerve injury on the other hand can cause significant lingering pain long after the initial insult has been “fixed.” Complex Regional Pain Syndrome (CRPS) previously known as Reflex Sympathetic Dystrophy (RSD) is a fairly common, undertreated and often chronic painful condition that can be a result from soft tissue or direct nerve injury. The patient will often report light touch sensitivity in a non-dermatomal pattern. A few weeks after an injury, autonomic changes can arise including vasoconstriction or dilation which can cause temperature changes in the affected region. Mottling of the skin, edema, muscle atrophy, dysesthesia to sharp, pinprick stimuli and allodynia (pain out of proportion to the stimulus) can also be present. Symptoms of CRPS include allodynia, hyperalgesia, pain, and swelling of the affected area, most commonly a limb.

It is important that treatment is begun as soon as possible. The goal of treatment is to reduce pain and increase function. Pain medications including anti-inflammatories and even high doses of narcotics often do not help with neuropathic pain. Several classes of medications including topical analgesics, antiepileptics, tricyclic antidepressants, NMDA receptor antagonists, alpha-2 blockers, or spasmolytic agents are used in a multi-medicinal approach to reduce symptoms. Physical therapy to help maintain strength and flexibility is also extremely important for CRPS patients.

Stopping sympathetic overactivity by means of a series of **Stellate Ganglion** (for upper extremity involvement) or **Lumbar Sympathetic Blocks** (for lower extremity involvement) can have a profound impact on reducing pain, increasing function, and improving a patient’s quality of life. If such blocks are beneficial but not completely effective in reducing symptoms on a long term basis, more permanent measures can be taken to decrease adrenergic activity such as spinal cord stimulation and/or surgical or chemical sympathectomy.

*For Information and Referrals:*

**(610) 954-9040**

*Caring*

*Compassion*

*Commitment*