

From the Book:

Chronic Pain: Reflex Sympathetic Dystrophy Prevention and Management

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Preventive Measures

The following principles play a major role in the prevention of RSD and its further deterioration:

1. Early diagnosis, especially with the help of thermography.
2. Early aggressive physical therapy.
3. Avoidance of the unnecessary use of braces, crutches, casts, and immobilization when the patient has a soft tissue injury rather than a fracture or major ligament tear.
4. Avoidance of the use of ice on the involved area. Ice is the treatment of choice for acute somatic pain. It is also instigator, aggravator, and perpetuator of RSD because of its vasoconstrictive effect.
5. Avoidance of alcohol in any amount.
6. Avoidance of narcotics and benzodiazepines in any amount and at any stage, except for clonopin used for seizure disorder.
7. Avoidance of unnecessary surgery such as cutting and suturing in the area of scars, unnecessary surgery such as done for back or cervicolumbar spinal pain when the patient's problem is only nerve root contusion or chronic pain, or when the MRI or myelography do not corroborate the exact abnormality or the EMG, somatosensory evoked response, or thermography. The same is true with unnecessary operations such as amputation and sympathectomy and injection with steroids to the area of ephaptic scar.

Arthroscopy should be avoided until absolutely necessary because the trauma of arthroscopy can cause injury to the sensory nerves around the knee and start ephaptic RSD.

Finally, unnecessary surgery for improperly diagnosed carpal tunnel syndrome, tardy ulnar palsy, or rotator cuff tear should be avoided.