Pain Management in Cancer & Chronic Pain during COVID-19 Recovery Phase in Pakistan

Joint Guidelines for Faculty of Pain Medicine, College of Physician & Surgeons Pakistan (CPSP) and Society for Treatment and Study of Pain (STSP) Pakistan

Gauhar Afshan, Sarfraz Siddiqui, Romana Durrani, Atteq-ur-Rehman, Khalid Bashir, Salman saleem, Shumaila Abbasi ,Asif Gul Kayani

Introduction:

Cancer is among the leading cause of morbidity and mortality worldwide and pain is often experienced in 2/3rd of patients with advanced and metastatic cancer disease. Chronic pain, other than cancer, is among the most common reasons for seeking medical attention. It's prevalence ranges from 20% to 60%, higher in women and in the elderly population with its peak in 6th to 7th decade of life.

The goal of cancer and chronic pain management is to relieve pain to an acceptable level that allows patients to manage their day to day routine. The current Covid pandemic proved challenging for the specialty firstly due to disruption of routine services, secondly due to hard job of triaging those patients for whom pain services will continue regardless of service disruption and thirdly the challenge of resuming routine service in this transition phase/Covid -19 recovery Phase.

The Joint Guidelines of Faculty of Pain Medicine College of physician & Surgeons Pakistan (CPSP) and Pakistan Society for Study and Treatment of Pain (STSP) are intended to provide guidance to pain physicians, nurses and hospital administrators to ensure adequate pain relief in patients suffering from cancer & chronic pain during Covid-19 recovery phase in Pakistan.

Guidelines process for final recommendations:

A webinar & focus executive meetings were conducted representing the leading pain physicians of STSP & Faculty of Pain medicine, CPSP for the critical questions pertaining to cancer & chronic pain management during Covid-19. The group considered the relevance of patients with cancer and chronic pain in low- and middle-income countries, taking account of risk and benefit ratio of each treatment options and costs & resource required during covid-19. Recommendations were finalized based main l on consensus of expert and available international guidelines

Scope of the guidelines:

The guidelines comprise of recommendations in the following five focal areas.

1. Resumption of routine work /Normalcy plan
2. Outpatient clinics (in-person & Tele) and SOPs
3. Pharmacological and non-pharmacological therapy
4. Interventional procedures
5. Need of Covid screening VS. Covid testing before any intervention

1.0 Resumption of routine work / Normalcy plan

1.0.1 Safe resumption of elective work should be considered in chronic pain service

1.0.2 Careful phase wise normalcy plan is recommended according to the regional situation of Covid-19.

1.0.3 The careful patient selection and cautious approach is highly recommended in all chronic and cancer pain patients

1.0.4 A balance approach between access to pain care and exposure of risk to health care staff must be considered

2.0 Outpatient clinics (in-person & Tele) and SOPs

2.0.1 Both, in-person and tele-pain clinic should be offered to all chronic /cancer pain patients.

2.0.2 SOPs in all type of pain clinics should be strictly followed. Minimum personal protective equipment includes face mask, gloves, eye protection (shield or goggles), disposable gown

2.1 New patients: (initial visit)

2.1.1 Book for in-person clinic preferably however consultation can be given in tele-clinic

2.1.2 Screening questions & temperature (& other vitals) to be checked before entering the clinic

2.1.3 Patient must be wearing surgical mask & attendant is not allowed in physician room. However, if attendant must accompany, then only one attendant per patient who should be screened and wear surgical mask.

2.1.4 must accompany patient then he/she must be screened & have surgical mask on.

2.1.5 Physician must be wearing PPE (minimal: surgical mask with eye protection/face visor, gloves +/- impermeable gown/plastic apron as per institutional practice & available resources)

2.1.6 Keep windows of clinic open for ventilation if possible.

2.1.7 Review chart/investigations before patient enters the clinic and try to keep the interaction less than 15 minutes

2.1.8 Maintain distance of up to 6 feet between physician and patient / attendant in clinics if possible. Safe distance practise should only be compromised at the time of patient's Clinical examination

2.1.9 After the patient has left, the physician should remove the gloves & wash hands and put a new pair of gloves

2.1.10 It is recommended to wear scrubs during clinic. At the end of clinic, take a shower & put on ones own clothes. Get a new surgical mask

2.2 Follow-up patients:

2.2.1 Book for Telemedicine clinic follow ups. (video call/phone call/ zoom link)

2.2.2 Review previous medical record before calling the patient

2.2.3 Make templet of questions to be asked during tele-consultation.

2.2.4 Write the prescription on official notepad & send a jpg to patient.

2.2.5 If there is a new symptom or change in symptoms that needs examination, then book for in-person clinic as per the new patient's SOP.

3.0 Multi-modal approach (Pharmacological and non-pharmacological therapy)

3.0.1 A trial of multi-modal conservative therapy must be given to all chronic pain patients even if they report severe pain.

3.0.2 Adding paracetamol in pain prescription must be considered

3.0.3 Non-steroidal anti-inflammatory drugs can be added carefully as per strong indication. Remember: It reduces the inflammation and fever which may interfere with diagnostic signs and mask the screening symptoms of Covid-19 i.e. myalgias, headache and fever.

4.0 Interventional procedures

4.0.1 Interventions should be offered after balancing the risks and ensuring that all conservative non injection options (pharmacological, physical and other supportive therapies) have been explored.

4.0.2 Procedure should be prioritized according to level of urgency. Urgent and semi-urgent procedures should be offered however elective procedure may be deferred for later dates, if possible

4.0.3 Procedure should be based on patient selection. Urgent and semi-urgent procedures should be offered however elective procedure may be deferred for later dates, if possible.

4.0.4 Interventions should be performed using minimum effective dose of steroids, dexamethasone is preferred over others.

5.0 Need of Covid Screening VS. Covid Testing before any intervention

5.0.1 Patients scheduled for interventions (without sedation & GA) should only have screening questions & vitals recorded on the day of procedure, if anything positive then postpone the procedure & send for PCR

5.0.2 Patient who need GA must have PCR testing done and standard institutional SOP s should be followed

5.0.3 If result of PCR testing is positive and patient is symptomatic then procedures should be delayed until the patient is afebrile for 72 hours and respiratory symptoms have improved OR 10 days have passed since symptom onset or it is confirmed by 2 negative tests

5.0.4 Procedure should be preferably carried out in a negative pressure room or air exchange room (If available) and Patient should be wearing surgical mask during the intervention

5.0.5 Physician should meet the patient outside the procedure room for consent/ questions.

5.0.6 Patient should be positioned by Pain nurse, with help of one more staff (or doctor), total 3 people in room during positioning.

5.0.7 Donning of all the staff per institutional guideline & PPE availability (Minimum: Impermeable knee length gown, surgical mask, face visor/goggles, double pair of sterile gloves)

5.0.8 Minimise the number of personnel inside procedure room (1. radiographer, 1 nurse, 1 Pain Physician (+/- trainee), 1 anaesthetist). Porter or health care assistant can come in after the pain physician has stepped out of room.

5.0.9 Depending on institutional policies, patient can be recovered in procedure room and sent home directly or moved out to step down recovery room & discharge home.

References

1. Shanthanna H, Cohen SP, Strand N, Lobo C, Eldabe S, Bhatia A, Narouze S. Recommendations on Chronic Pain Practice during the COVID-19 Pandemic. A Joint Statement by American Society of Regional Anesthesia and Pain Medicine (ASRA) and European Society of Regional Anesthesia and Pain Therapy (ESRA). March 27, 2020.
2. Pain Management Best Practices from Multispecialty Organizations during the COVID-19 Pandemic and Public Health Crises.
3. Faculty of Pain Medicine and British Pain Society Joint Guidance on Pain Interventions during the COVID-19 Recovery Phase. The British Pain Society. June 2020.
4. Pain Practice Post COVID-19, Triage, Conducting Quality Consultations. The British Pain Society. June, 2020.
5. COVID-19: A Physician Practice Guide to Reopening. American Medical Association. May 2020.
6. Miller DC, Patel J, Gill J, Mattie R, Saffarian M, Schneider BJ, Popescu A, Babaria V, McCormick ZL. Corticosteroid Injections and COVID-19 Infection Risk. Pain Medicine. 2020 Aug 1;21(8):1703-6.
7. Faculty of Pain Medicine guidance on resumption of pain services following disruption by the COVID-19 pandemic. Faculty of Pain Medicine. May 15, 2020.
8. Duszynski B. Spine Intervention Society Position Statement on Best Practices for Epidural Steroid Injections in the Setting of a Preservative-Free Dexamethasone Shortage. Pain Medicine. July, 2019.

Genitourinary cancers: Prostate cancer in the COVID-19 era. Gynaecological malignancies: Cervical cancer in the COVID-19 era. Gynaecological malignancies: Endometrial cancer in the COVID-19 era.Â 19Cancer Pain and Palliative Medicine Service, Department of Medical Oncology, Shaare Zedek Medical Center, Jerusalem, Israel. 20Gynecology Program, European Institute of Oncology, 20141 Milan, Italy. 21School of Medicine and Surgery, University Milan Bicocca, 20126 Milan, Italy.Â Consensus Recommendations: Managing cancer patients during the COVID-19 pandemic Consensus Recommendations â€“ Managing cancer patients during the COVID-19 pandemic. Consensus Recommendations. COVID-19 Management Guidelines â€“ Pakistan Chest Society (PCS) [English]. Paraguay. Fundamentos Generales y Recomendaciones para Medidas de ProtecciÃ³n Respiratoria durante la Pandemia de la COVID-19 â€“ Sociedad Paraguaya de Neumologia (SPN) and Programa Nacional de Control del Tabaquismo y Enfermedades Respiratorias CrÃ³nicas (PRONATERC) [Spanish].Â Physiotherapy Management for COVID-19 in the Acute Hospital Setting: Recommendations to guide clinical practice â€“ World Confederation for Physical Therapy (WCPT) [English]. The coronavirus, or COVID-19, is inciting panic for a number of reasons. It's a new virus, meaning no one has immunity, and there is no vaccine. Its novelty means that scientists aren't sure yet how it behaves they have little history to go on. Pakistan Details International Details. Pakistan statistics * Last updated: 26 Jan, 2021 - 08:29am Islamabad/Pakistan. Confirmed Cases 535,914. Last 24 hours: 1,873.Â 8,855 / 4,902. AJK/GB. COVID-19 Status in Pakistan. COVID-19 Deaths Per Day. Trends of Positivity, Among Daily Tested and Positive Samples. What are the symptoms of COVID-19? During receiving Pakistani pilgrims from Iran, Pakistani government reacted toward spread of COVID-19 after report of 1st case of COVID-19 on 25th of February, 2020. Quarantine facilities were arranged with delay and were the main cause of epidemic in Pakistan. Out of the total COVID-19 cases 78 percent cases were reported from visitors coning from Iran. Simultaneously, Pakistan announced closure of all education institutions with a partial lockdown across the country. This badly affected the labor community. Due to lack of record/ database, Pakistani government faced problem in supporting the