



Garret Weber, MD, (left) and Nitin Sekhri, MD, are partners in pain management.

Pain Relief Is in Sight

No matter where it hurts or how long it's been aching, these two pain-management doctors want you to know there's help – and hope. **BY DEBORAH SKOLNIK**

Pain treatment. The words conjure up all sorts of unpleasant images: drastic surgeries, long recoveries, habit-forming drugs. But it's time to replace those ideas with promising ones: minimally invasive procedures; targeted medications; and lasting, life-enhancing relief. "There has been a lot of progress in our understanding of the pain process," says Garret Weber, MD, an attending physician at Westchester Medical Center, the flagship of the Westchester Medical Health Network. He and his partner, Nitin Sekhri, MD, Chief of Pain Management, are quickly becoming one of the region's go-to teams for aches, agony, and everything in-between. Both are board-certified pain medicine specialists and anesthesiologists, dedicated to a single aim: alleviating patients' pain safely, without making them dependent on addictive opioid drugs. "We always ask our patients what their goals are — what they'd like to do that the pain currently keeps them from doing — and try to get them there," says Dr. Sekhri.

The treatments they devise are as individualized as the cases

themselves. But the approach, Dr. Weber says, never varies. "We try to locate the underlying cause of the person's discomfort, then perform an injection or procedure that will allow them to have greater functionality." While many hospitals don't have this level of care for inpatients, "We meet with a significant portion of patients admitted to the hospital," says Dr. Sekhri, who adds that outpatients are treated, as well.

This can mean addressing a patient's pre- or post-operative pain or even coming down to the ER. "We recently had an elderly lady in the ER who'd fallen and sustained multiple spinal fractures," Dr. Weber recalls. "She was in so much pain, she could barely move. I told her 'We want to get you back on your feet.'" After getting X-rays and an MRI of the woman's spine, doctors performed a procedure called kyphoplasty. "We went into each fracture with needles," Dr. Weber continues, "avoiding the nerves and damage to the surrounding tissue, and injected cement into each fracture site. This propped the areas back up and prevented



further erosion.” Within 24 hours, the woman no longer needed intravenous pain medication and started to become mobile again.

If cement sounds like a surprising cure, the doctors have plenty of others. One of Dr. Sekhri’s specialties is radiofrequency therapy for joint pain: He inserts a thin needle at the site, then heats it to interrupt the nerve’s distressing signals. Another treatment, cryotherapy, takes the opposite approach: A needle is inserted into the culprit nerves, then cooled to -60 degrees Celcius. “It creates a very small and targeted ice ball in and around the nerve. We don’t kill it, but we interrupt the pain transmission,” Dr. Weber explains. Both methods can start to alleviate pain within weeks or even days, and they’re almost always done under just local anesthesia.

Curious to know some of the other ways the doctors treat chronic pain? Here, each shares a story from his files:

DR. SEKHRI: THE CASE OF THE DISABLED DENTAL-OFFICE WORKER

“I had a patient come in who’d had a tumor on her sciatic nerve [a large nerve running from the lower back and down the leg] removed. The procedure had been a success, but she had developed something called complex regional pain syndrome. It’s a constellation of symptoms, including sweating, swelling, and

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– Nitin Sekhri, MD

decreased range of motion, but the predominant symptom is profound nerve pain.

“She’d been going to a pain-management practice elsewhere that was managing her with very-high-dose opioid medication. It was making her very sedated; she could no longer work and was having a hard time taking care of her two small children. Finally, she felt so frustrated that she began researching other options. Others told her they couldn’t do more for her, but then she found us, and we felt that we could.

“My solution was to give her a series of injections to her spine, called lumbar sympathetic blocks. I injected the site with a combination of a long-acting local anesthetic and a small amount of a steroid, to prolong the local anesthesia. We did these injections about once every three weeks, under light sedation.

“It took three injections in all, but we got there. She now is back to working and is able to enjoy her children again. And, importantly, she is no longer dependent on strong, sedating drugs to do either of these things.

DR. WEBER: THE CASE OF THE PAINED PROFESSOR

“A retired professor came to see us. He was in his 60s, and he’d had a major surgery that left him with pain inside his chest and a painful, burning sensation on its surface. It had been continual since his surgery six months earlier, and he was extremely distressed by it. He was so uncomfortable that he couldn’t sleep at night, and it was affecting his daytime activities, too — it es-



WHEN TO CALL A PAIN PRO

Occasional pain is a part of almost everyone’s life. But what can you handle on your own, and when is it time to explore other options? Over-the-counter drugs can be effective for mild aches and other discomfort, “But it’s best to seek the advice of your physician,” Dr. Sekhri recommends. Your doctor may have other ideas for what could help and may want to set a limit on how long you wait – or how many pills you take – before asking for more help. “No matter what over-the-counter pain reliever you’re taking, read the label carefully and follow the directions.”

“Most pain can be effectively treated by your primary-care physician,” he adds. “But if you have a pain problem that has lasted three months or more, or you are not reaching your goals, a pain-management specialist may be appropriate.” Hopefully, with the help of a dedicated expert, you’ll find the relief you need.

pecially made him sad that it hurt too much to play with his grandchildren.

“We treated his problem on two fronts. First, I gave him a compound cream to use on his chest; it was a mixture of a local anesthetic, a muscle relaxant, and an antiepileptic drug, to ease the painful burning there. (Many people don’t realize this, but certain drugs used to treat epilepsy and also depression can help ease pain, as well.) Next, we performed an injection that very specifically targeted his intercostal nerves, which run along the inside of the chest wall. I injected them with numbing medication and then a small amount of steroids, to try to interrupt the pain.

“Sometimes patients need more than one procedure. But in this patient’s case, a single procedure did the trick. We got him to a point where he’s finally comfortable again. He’s sleeping and back to enjoying his daytime routines — especially playing with his grandchildren.”

To learn more about Westchester Medical Center’s pain management program, visit www.westchestermedicalcenter.com/painmanagement