

## Spotlight on Sheffield/North Trent



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The painter Elizabeth Siddal, our local pre-Raphaelite, died in 1862 at the age of 33 years of an overdose of laudanum, used to treat ongoing pain and distress after a miscarriage a year earlier.

Things have progressed a bit since. Laudanum is of historical value but the modern practitioner prefers 'pain patches' to deal with pain and psycho-social distress. Elizabeth Siddal's modern successor was artistically slightly less gifted, limited to a colouring book in our waiting room.

Chemically, she had suffered from progress: the addictive tramadol had been replaced with non-addictive(?) fentanyl patches, in rapidly escalating doses. Soon she ended in the resuscitation room, in respiratory near-arrest. Luckily, one of the intermediate pain trainees covered the intensive care rota. He found two 50 mcg/h fentanyl patches on her back, calculated this as morphine equivalent of 360 mg/day and treated her appropriately. After discharge from intensive care she was referred to the pain service.

In the Sheffield/North Trent region we provide basic pain training at six sites, intermediate at three, higher at two, and advanced training at Sheffield teaching hospitals only.

At the basic level, one focus is procedural pain, avoiding the nocebo effect. Almost every trainee has learned to 'holler' 'Sharp scratch!!!', loud enough for the deafest examiner to hear and give a mark. Outside the exam hall, in clinical practice the evidence is clear: Needles hurt less when announced by neutral information, e.g. "I put some local anaesthetic in your

skin to numb it a bit" rather than loud alarming shouts.

Advanced training takes place at the regional tertiary centre, Sheffield teaching hospitals.

There are ample opportunities in a busy department. Nationwide, most problems with advanced pain training focus on access to paediatric pain, cancer and advanced interventions. Luckily, in Sheffield we have these well covered. Sheffield Children's Hospital has its own pain clinic with five consultants. A renowned palliative care department allows cross-specialty experiences.

Pain consultants with an interest in pain in cancer survivors work at Mexborough and Worksop.



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The Sheffield clinics provide a large tertiary multidisciplinary intervention service which includes an active spinal cord stimulation programme.

In cooperation with the medical school, there is work on improving the pain teaching of medical students. The trainees have been very successful in the fellowship examination and all have managed to get substantial pain consultant posts after training. Sheffield offers further subspecialisation in children's pain and spinal cord stimulation.

Secondary care services are available at Chesterfield and Doncaster & Bassetlaw hospitals.

Doncaster Royal Infirmary will soon be recognised as a University of Sheffield teaching hospital. Doncaster & Bassetlaw Hospitals run the largest pain service in the area, serving people from South and West Yorkshire, Nottinghamshire, Lincolnshire and Derbyshire. A large multidisciplinary team of over 50 people headed by seven consultants work in a hub and spoke arrangement distributed over five sites. Mexborough is the centre of the universe, where flat earth is nailed to the firmament.

The pain clinic in Mexborough is well equipped with two wards, two minor operating theatres for procedures, a gym, and ample clinic space. The service is very busy with 3500 new patients annually, 3000 interventions, 20,000 acupuncture encounters and 8 integrated multimodal pain management programmes. Bassetlaw Hospital, Worksop, has a further clinic with interventional facilities. Outreach stations serve the community with access to consultant clinics, specialist pain nurses, pain physiotherapy, cognitive behavioural therapy and acupuncture. Acute pain services are based at the two main hospitals in Doncaster and Worksop.

There are subspecialty interests focussed on fibromyalgia, complex regional pain syndrome, pain in cancer survivors and medico-legal issues.

The main strength of this busy pain service is the integration between different treatment modalities, with weekly multidisciplinary team meetings, and a practical hand-in-hand approach to the management of complex patients.



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