Many people with chronic pain have a condition known as central pain syndrome. Central pain syndrome is a neurological condition caused by damage to or dysfunction of the central nervous system (brain and spinal cord). This syndrome doesn’t come on by itself; it is a consequence of a number of other conditions such as fibromyalgia, multiple sclerosis, trauma, stroke, spinal cord injury, neuropathy, reflex sympathetic dystrophy and other conditions. If these conditions cause damage or change to sensory nerve pathways, central pain can result.

**OVERVIEW:**

An indicated treatment for central pain syndrome is intravenous lidocaine therapy. This type of treatment has been studied by various clinicians and the published results indicate that it is generally a safe and effective treatment for central pain.

**PROCEDURE:**

Lidocaine, a local anesthetic, is given intravenously so you will have an IV started. Prior to the infusion you will be given instructions and asked to determine your baseline pain level. This procedure requires monitoring your vital signs including blood pressure, oxygen saturation level, pulse, and EKG rhythm. The dose of lidocaine to be infused is calculated based on your weight. The actual lidocaine infusion is given over 30 minutes, but the whole procedure takes approximately an hour between set-up and discharge.

**POSSIBLE SIDE EFFECTS:**

Intravenous lidocaine therapy has been used for years and lately there has been renewed interest in this treatment for central pain syndrome. Serious side effects or complications are very rare and because you will be continuously monitored during this procedure, the chance of any serious complication is minimized. Possible side effects from the lidocaine infusion are numbness, including mouth numbness, tingling, giddiness, lightheadedness, nausea and urinary frequency. These side effects, if they occur, usually disappear quickly once the lidocaine infusion is decreased or stopped. Possible side effects from the IV include infiltration, bleeding or bruising around the IV site. Potential complications of lidocaine infusion include low blood pressure and fainting, seizure, respiratory depression, cardiac arrhythmia, neurological injury and allergic reactions which may require hospitalization. Chances of serious adverse reactions or complications are very rare, but we ask you to let us know if you have any history of allergies to lidocaine or any cardiac problems, abnormal EKG or seizure disorder. Also, if you are pregnant, it is not recommended that you have this procedure.

**PREPARATION FOR TREATMENT:**

We recommend, at least for the first treatment, that you bring someone to drive you home after the treatment. Be sure to drink plenty of fluid the day before and the day of your treatment. Take regular prescribed medicines on the day of treatment unless instructed differently by your doctor.
TREATMENT OUTCOME:

Most people report more than 50% improvement in their pain immediately after the lidocaine infusion, and the results last at least three weeks in a little over half the people. We will measure how much improvement you note in your pain from the baseline to the end of the lidocaine infusion. You will be given a pain log to record your pain level over days and weeks following the procedure. If you have a successful outcome, this procedure could be repeated. If you have any questions about this procedure, please do not hesitate to contact us.