

BE PREPARED

For the best outcome from a visit with your doctor, it's important to be prepared. The more completely and clearly you describe the pain you're experiencing, the easier it will be for your doctor to help you find relief from that chronic pain. Included in this discussion guide are:

- Questions about your pain journey
- Conversation starters for talking with your doctor
- Tips
- A pain journal where you can record information about the pain you're experiencing

Review and complete this guide and bring it to your next doctor appointment.

If your doctor is unwilling or unable to offer you further treatment options, ask for a referral for a spine surgeon or pain management specialist. Or, use the handy "Find a Specialist" tool on back.com to find a specialist in your area.

STEP 1: ANSWER QUESTIONS ABOUT YOUR PAIN JOURNEY

Does your pain seem to be getting better, worse, or staying the same?

- Better
- Worse
- Staying the same

Have you lost feeling or function in any body part or are you experiencing problems with bladder or bowel function?

- Yes*
- No

*If yes, seek help and contact your doctor immediately.

What kind of doctor have you seen for your pain? (choose all that apply)

- I have not seen a doctor
- I have seen a chiropractor
- I have seen my primary care doctor (family care or internal medicine doctor)
- I have seen a surgeon
- I have seen a pain specialist (anesthesiologist or physical medicine and rehabilitation specialist)

Which treatments have you tried? (choose all that apply)

- Rest, ice packs, pain or anti-inflammatory medication
- Physical therapy
- Epidural steroid injections
- Spine Surgery

Has a doctor told you that you have a neurologic problem, severe loss of function, or pain that does not respond to conservative treatments?

- Yes
- No

Have you had back surgery, and has your doctor told you that more surgery is not an option at this time?

- Yes
- No

Has your doctor told you that any of the following conditions are causing your pain? If so, select which condition:

- Arachnoiditis
- Complex Regional Pain Syndrome (CRPS), Reflex Sympathetic Dystrophy (RSD), or Causalgia
- Degenerative disc disease (DDD)
- Epidural fibrosis
- Failed back syndrome
- Failure of the fusion
- Herniated disc, with leg pain
- Osteoporosis
- Peripheral causalgia
- Peripheral neuropathy
- Postlaminectomy pain
- Problems following decompression surgery
- Radicular pain syndrome
- Sacroiliitis
- Spinal stenosis
- Sciatica (pinched nerve)

- Spondylosis
 - Spondylolisthesis
 - Trauma to a nerve
 - Vertebral compression fracture (VCF)
 - Other _____
-

STEP 2: CONVERSATION STARTERS

Select the questions you would like to ask your doctor at your next appointment.

Questions for your primary care doctor:

- What is my diagnosis?
 - What treatment options are available to me?
 - What type of alternative therapies should/can I try?
 - Will you put me on medications? If so, what are they and are there any side effects?
 - Will my insurance cover the treatments?
 - How often will I need to see you?
 - Is surgery possible in my future? If so, what type(s) of surgery?
 - What pain management options haven't I tried?
 - What other specialists could I be referred to?
 - What lifestyle changes, if any, will I need to make?
 - Who should I call in your office if I have more questions?
 - Other _____
-

Questions for a surgeon:

- What are all of my treatment options?
- What is the most common procedure for my diagnosis?
- Based on my diagnosis, what procedure is best for me?
- What do we know about the long-term effects of the procedure?
- Am I the right type of candidate for the procedure?
- Does my diagnosis match up with what the procedure is designed and approved for?
- What type of surgical approach is used?

- Where will the scar be and how large will it be?
- Will I need a bone graft?
- What type of bone graft options do I have?
- What are the pros and cons of each?
- Will I need any implants?
- Who manufactures the implants?
- What is the success rate with these implants?
- What will the type of surgical approach mean for my recovery?
- How long will I need to stay in the hospital?
- Will I need physical therapy or post-surgical rehabilitation?
- How long have you been performing this type of procedure?
- Can you tell me about the outcomes of your other patients who have had the procedure?
- What if I want to choose a procedure you don't think is best for me?
- What are the risks of having the wrong procedure?
- Is spinal cord stimulation or targeted drug delivery a possible treatment for me?
- Other _____

Questions for a pain specialist:

- What treatments are used to manage chronic pain? What options haven't I tried?
- Is spinal cord stimulation or targeted drug delivery a possible treatment for me?
- Is spine surgery an option for me?
- What are possible treatment goals for me?
- What results have you seen with spinal cord stimulation or targeted drug delivery? What should I expect?
- Will spinal cord stimulation or targeted drug delivery improve my comfort or ability to perform everyday activities?
- How might the therapy affect work, travel, recreation, sexual activity, and exercise?
- Is spinal cord stimulation or targeted drug delivery covered by my insurance?
- Do you recommend that I go forward with the screening test to see how well spinal cord stimulation or targeted drug delivery will help me manage my chronic pain?
- Will I be able to receive an MRI in the future, on any part of my body, if I have an implanted system?
- Other _____

STEP 3: REVIEW TIPS

Describe your pain as clearly and completely as possible. Use the Pain Journal to record the type of pain you experience and frequency/duration.

Once you've found a doctor you are comfortable with, build a relationship so that you trust his/her advice and assessment.

Don't solely rely on your doctor's judgment—ask questions and do your own research. And if you're ever uncomfortable, ask for a second opinion.

Tell your doctor about how pain is affecting your quality of life. If your personal relationships or overall wellbeing are suffering, your doctor needs to know.

If your doctor is not familiar with the range of treatments for chronic pain, ask for a referral to a spine surgeon or pain management specialist, or use the Find a Specialist tool on back.com.

Talk to other patients before choosing a specialist. Here are some questions you may want to ask them:

- Did the doctor take enough time, both in treating and in explaining things to you and your family?
- Did you feel confident in the doctor's expertise?
- Would you return to this doctor for further care?
- Was the doctor easy to contact, especially after surgery?
- Was the doctor's office staff courteous and cooperative?

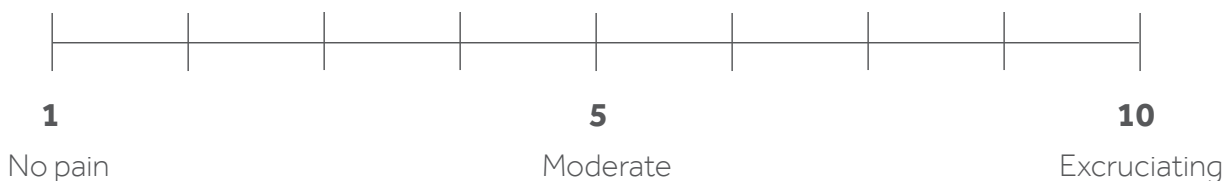
STEP 4: TRACK YOUR PAIN

To help you and your doctor decide the best option for treating your type of pain, it's important to keep track of your pain. When does it occur? What kind of pain is it? Is it preventing you from doing things you enjoy?

The following descriptions will help you label the level of your pain, the type of pain, and how the pain affects your activities as you complete your pain journal.

Level of Pain

Describe your level of pain from 1 to 10, from very mild to the most excruciating.



Type of Pain

Your type of pain can be described with words like:

- Burning
- Sharp
- Aching
- Dull
- Shooting
- Radiating
- Tingling
- Throbbing

Location of Pain

Describe as precisely as you can the place/s in your body where you are feeling the pain.

Impact on your activities at the time

You can describe how pain impacts your activities with phrases like:

- Had to skip my walk
- Couldn't get out of the chair
- Didn't notice the pain
- Had to sit instead of stand
- Pain too intense to eat
- Difficulty concentrating
- Pain made it hard to fall asleep
- Had to cancel an appointment due to pain

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NEUROSTIMULATION SYSTEMS FOR PAIN THERAPY

Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

Indications for Use: Chronic, intractable pain of the trunk and/or limbs-including unilateral or bilateral pain. **Contraindications:** Diathermy. **Warnings:** Defibrillation, diathermy, electrocautery, MRI, RF ablation, & therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Rupture/piercing of neurostimulator can result in severe burns. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device. **Precautions:** The safety and effectiveness of this therapy has not been established for: pediatric use, pregnancy, unborn fetus, or delivery. Follow programming guidelines & precautions in product manuals. Avoid activities that stress the implanted neurostimulation system. EMI, postural changes, & other activities may cause shocking/jolting. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging. **Adverse Events:** Undesirable change in stimulation; hematoma, epidural hemorrhage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, & surgical risks.

For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com.

USA Rx Only Rev 0313

SynchroMed® II Drug Infusion System Brief Statement:

Product technical manuals and the appropriate drug labeling must be reviewed prior to use for detailed disclosure.

Indications:

US: Chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic intrathecal infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for the management of severe spasticity; chronic intravascular infusion of flouxuridine (FUDR) or methotrexate for the treatment of primary or metastatic cancer. Outside of US: Chronic infusion of drugs or fluids tested as compatible and listed in the product labeling.

Contraindications:

Infection; implant depth greater than 2.5 cm below skin; insufficient body size; spinal anomalies; drugs with preservatives, drug contraindications, drug formulations with pH ≤ 3 , use of catheter access port (CAP) kit for refills or of refill kit for catheter access, blood sampling through CAP in vascular applications, use of Personal Therapy Manager to administer opioid to opioid-naïve patients or to administer ziconotide.

Warnings:

Non-indicated formulations may contain neurotoxic preservatives, antimicrobials, or antioxidants, or may be incompatible with and damage the system. Failure to comply with all product instructions, including use of drugs or fluids not indicated for use with system, or of questionable sterility or quality, or use of non-Medtronic components or inappropriate kits, can result in improper use, technical errors, increased risks to patient, tissue damage, damage to the system requiring revision or replacement, and/or change in therapy, and may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug under- or overdose. Refer to appropriate drug labeling for indications, contraindications, warnings, precautions, dosage and administration, screening procedures and underdose and overdose symptoms and methods of management. Physicians must be familiar with the drug stability information in the product technical manuals and must understand the dose relationship to drug concentration and pump flow rate before prescribing pump infusion. Implantation and ongoing system management must be performed by individuals trained in the operation and handling of the infusion system. An inflammatory mass that can result in

serious neurological impairment, including paralysis, may occur at the tip of the implanted catheter. Clinicians should monitor patients on intraspinal therapy carefully for any new neurological signs or symptoms, change in underlying symptoms, or need for rapid dose escalation.

Inform patients of the signs and symptoms of drug under- or overdose, appropriate drug warnings and precautions regarding drug interactions, potential side effects, and signs and symptoms that require medical attention, including prodromal signs and symptoms of inflammatory mass. If it is suspected or known that all or part of the drug was injected into the pocket during the refill procedure, monitor the patient closely for signs and symptoms of overdose in an appropriate facility for a sufficient amount of time or until the symptoms have resolved. Failure to recognize signs and symptoms and seek appropriate medical intervention can result in serious injury or death. Instruct patients to notify their healthcare professionals of the implanted pump before medical tests/procedures, to return for refills at prescribed times, to carry their Medtronic device identification card, to avoid manipulating the pump through the skin, to consult with their clinician if the pump alarms and before traveling or engaging in activities that can stress the infusion system or involve pressure or temperature changes. Strong sources of electromagnetic interference (EMI), such as short wave (RF) diathermy and MRI, can negatively interact with the pump and cause heating of the implanted pump, system damage, or changes in pump operation or flow rate, that can result in patient injury from tissue heating, additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose. Avoid using shortwave (RF) diathermy within 30 cm of the pump or catheter. Effects of other types of diathermy (microwave, ultrasonic, etc.) on the pump are unknown. Drug infusion is suspended during MRI; for patients who can not safely tolerate suspension, use alternative drug delivery method during MRI. Patients receiving intrathecal baclofen therapy are at higher risk for adverse events, as baclofen withdrawal can lead to a life threatening condition if not treated promptly and effectively. Confirm pump status before and after MRI. Reference product labeling for information on sources of EMI, effects on patient and system, and steps to reduce risks from EMI.

Precautions:

Monitor patients after device or catheter replacement for signs of underdose/ overdose. Infuse preservative-free (intraspinal) saline or, for vascular applications, infuse heparinized solutions therapy at minimum flow rate if therapy is discontinued for an extended period of time to avoid system damage. EMI may interfere with programmer telemetry during pump programming sessions. EMI from the SynchroMed programmer may interfere with other active implanted devices (e.g., pacemaker, defibrillator, neurostimulator).

Adverse Events:

Include, but are not limited to, spinal/vascular procedure risks; infection; bleeding; tissue damage, damage to the system or loss of, or change in, therapy that may result in additional surgical procedures, a return of underlying symptoms, and/or a clinically significant or fatal drug underdose or overdose, due to end of device service life, failure of the catheter, pump or other system component, pump inversion, technical/programming errors, injection into the pocket or subcutaneous tissue or improper use, including use of non-indicated formulations and/or not using drugs or system in accordance with labeling; pocket seroma, hematoma, erosion, infection; post-lumbar puncture (spinal headache); CSF leak and rare central nervous system pressure-related problems; hygroma; radiculitis; arachnoiditis; spinal cord bleeding/damage; meningitis; neurological impairment (including paralysis) due to inflammatory mass; potential serious adverse effects from catheter fragments in intrathecal space, including potential to compromise antibiotic effectiveness for CSF infection; anesthesia complications; body rejection phenomena; local and systemic drug toxicity and related side effects; potential serious adverse effects from catheter placement in intravascular applications.

Lioresal® is a registered trademark of Saol.

USA Rx Only Rev 0416

Medtronic

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Tel. 1-763-505-5000

professional.medtronic.com

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