

RSD(Reflex Sympathetic Dystrophy)/CRPS(Complex Regional Pain Syndrome) FAQs

The following Frequently Asked Questions and the answers are for the Dorsal Column Stimulator. **The following material is given as general information only, and is not to be considered as medical advice or consultation.** The information was prepared by Dr. Dhruva.

1. What is RSD/CRPS?

RSD/CRPS is a condition some people will develop where the pain persists beyond the normal expected duration, pain is out of proportion to the injury, pain is associated with swelling, stiffness, color changes, coldness, excessive sweating of the affected area, and increased sensitivity to touch, pressure or painful stimulation.

2. Do I have to have all of the above to have the diagnosis of RSD/CRPS?

No, but the majority of the patients will have several (if not all) of the above symptoms.

3. Is there a test to prove or disprove that I have RSD/CRPS?

No, there is no single diagnostic test. The diagnosis of this condition is based upon your symptoms, history of injury/surgery, and clinical evaluation.

4. Why did I get RSD/CRPS?

There is no satisfactory explanation why some people get this and some don't. It is not hereditary, infectious, or contagious etc. People who develop RSD/CRPS may be prone to developing this condition after injury or surgery.

5. What can cause this?

In majority of the cases, injury (such as sprained ankle or knee), or surgery (such as Carpal Tunnel Surgery, knee arthroscopy) is the precipitating event of this condition.

6. I have been diagnosed as having RSD/CRPS in my right ankle/leg, can it spread to other areas?

Unfortunately, untreated RSD can in some cases spread to other areas of the same limb, as well as other limbs. There is no predictability of this spread.

7. How can this be treated?

The main treatment of this condition is continued use of the affected limb to maintain mobility, strength, improve blood flow and prevent atrophy. This is achieved with patients continuing to use the limb to their best ability, while we control your pain and other symptoms with medications and injections – as necessary.

8. Why can't I just have pain killers so that I can use affected the limb?

Painkillers (pain meds) are a part of the whole treatment regimen. This condition has "neuropathic pain" and traditional painkillers alone will not control the pain.

9. What medications are helpful for treatment?

For most patients, anti-seizure medications such as Neurontin or Lyrica, pain medications such as Tramadol (Ultram), and other medications such as Elavil, Lidoderm, etc are prescribed. Not all benefit from the same medications. The treatment is aimed at controlling neuropathic pain and reducing sympathetic nerve hyperactivity.

10. Why do we have color, temperature changes and increased sweating?

This condition usually is associated with random hyperactivity of "sympathetic Nervous System". The sympathetic nerves normally control temperature, blood flow, and sweating. Increased activity of these nerves therefore causes these symptoms.

11. So what are sympathetic nerve blocks? (Lumbar or Cervical)?

These blocks are injections of local anesthetics (like Novocain) to make the sympathetic nerves non-functioning for several hours. The sympathetic nerves, which control lower limbs, are located in the back and the ones controlling upper limbs are located in the neck (Stellate Ganglion Blocks).

12. Will these injections cure me?

No, the injections alone by themselves will not "cure" your condition. These injections are performed so that while the sympathetic nerves are made temporarily non-functional, you can use your affected limb quite actively – to increase mobility and get muscle strength back. Most of the time the blocks are followed immediately by vigorous physical therapy.

13. Will the injections help all patients with RSD?

They are generally beneficial for patients who have significant hyperactivity of the sympathetic nerves. Some of the RSD/CRPS patients may have normal activity of sympathetic nerves and so these injections may not be beneficial for them.

14. What is my prognosis? Will I be cured?

It is difficult to say. However, in general, if the treatment is initiated within the first 6 months of injury, the prognosis can be favorable.

15. Is there anything I can do to improve my condition?

Yes, it is extremely important to avoid any further injury to affected limb, avoid painful physical therapy, and avoid additional surgery – unless absolutely necessary. If you need to have surgery, please talk to your surgeon and anesthesiologist about options to prevent flare-up of your RSD/CRPS.

16. Are there other treatment options – other than pills and injections?

Yes, Spinal Cord Stimulation is quite beneficial. Evidence based medicine now has shown tremendous benefits with this type of treatment. However, it involves implanting wires etc and is expensive. So it is generally used when other treatments fail.