Disrupted Continuity of Care in Intrathecal Pain Pump Management: Lessons in Social Determinants of Health and Systems Barriers

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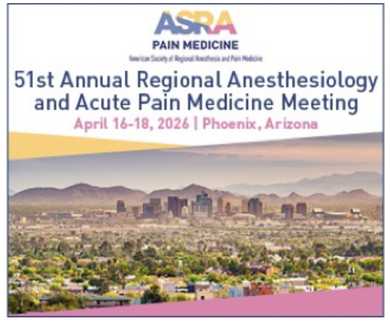
Introduction

- Intrathecal pain pumps are effective for refractory chronic pain but require ongoing specialized care for refills and management.
- Disruptions in continuity of care can lead to inadequate pain control, withdrawal, or hospitalization.
- This case highlights challenges of managing an intrathecal pump in a community hospital without inpatient pain medicine services.



Case Presentation

- 64-year-old female with complex regional pain syndrome (CRPS) of the left upper extremity managed with an intrathecal pain pump.
- Recent posterior cervical decompression and fusion (PCDF) from C3–C7 for severe multilevel cervical stenosis.
- Her pain management physician unexpectedly left the country and sold the practice.
- No provider remained to manage existing intrathecal pumps at the clinic.
- Many patients were transferred to new providers, but this patient could not during surgery and inpatient rehabilitation.
- After discharge, she heard beeping from her intrathecal pump and contacted her prior clinic.
- She was advised to present to the hospital and arrived at our community hospital.
- The hospital lacked inpatient pain medicine services.
- Device interrogation showed ~2 weeks of medication remaining; pump shutoff expected in ~4 months.
- Multiple regional pain clinics were contacted but no refill appointments were available within the patient's transportation limits.
- Prior clinic ultimately agreed to transition the patient to an oral pain regimen.
- A timely outpatient follow-up visit was coordinated prior to discharge.

Discussion

- Highlights the vulnerability of patients with intrathecal pain pumps during transitions of care.
- Comorbidities, provider shortages, and lack of inpatient pain services created significant management barriers.
- Social determinants of health, including transportation limitations, further complicated access to care.
- Inderscores the importance of continuity of care and coordinated pain management.

References

Saulino, M., Kim, P. S., & Shaw, E. (2014). Practical considerations and patient selection for intrathecal drug delivery in the management of chronic pain. Journal of pain research, 627-638.