



Editorial

Pain relief in interventional radiology



Pain is a multidimensional concept and requires careful analysis and even more careful management. Pain can be a useful survival tool for the human body as it warns of any forthcoming damage caused by internal or external factors, which might result in death. The concept and management of pain is even more complicated by social, religious, and psychological factors. As doctors, we strive to achieve a fine balance of pain management without entangling in any of these factors. For example, we approximate and translate subjective pain from the patient to an objective pain score. By the very nature, this is heavily subjective due to various factors including psychological factors, dependence on pain for emotional comfort from family and friends, addiction from medications, bravery to avoid vulnerability, shame from perceived guilt, the need to discredit the treatment, or just simple detachment from lack of interest. All these factors can exacerbate or downplay the pain and its ramifications.

Pain management in medicine comprises of physiological aspects and psychological aspects resulting in huge ramifications on life, work, family, etc. Physiological aspects of pain management for a long time depended on analgesics and opioids medications. Opioids prescribed for pain cause substantial mortality from drug-related deaths related to addiction, withdrawal and side effects.¹ Due to this inherent addiction and other side effects associated with opioids and pain medications, this has resulted in complicating the pain management, leading to complex outcomes, failure and somewhat negative perceptions.

Interventional radiology (IR) armed with precise guidance from various modalities/techniques including computed tomography (CT), magnetic resonance imaging (MRI), ultrasound, and fluoroscopy is currently revolutionising pain management, in close collaboration with various clinicians from different specialities. However, the success of this subsection of interventional radiology (IR) depends on teamwork with clinicians, patient selection,

patient and family education, and research to prove or disprove established and upcoming treatments. And we fervently hope that in future, new procedures will be developed for better pain management.

We sincerely hope that this edition of Pain relief in Interventional Radiology (PR-IR) will bring an awareness of these procedures to Radiologists and Interventional radiologists (IR) due to the proximity and availability of the modality guidance and tools which are readily available at their disposal. Due to the relative ease of the procedures, these procedures after appropriate training and education, can be made available to the patients which might be desperately in need of them and surely the institution in which they work will be better for it from the value and service it provides.

This special issue is the start of this particular subsection of IR, and we expect that the demand for this kind of treatment is going to be substantial due to its minimally invasive nature and proven good outcomes for patients. This issue is the result of these pioneers of interventional radiologists and pain experts in this field, namely Prof. Pippa Hawley from Canada, Prof. Jon Bell from the UK, Prof. Roberto Cazzato from France, Prof. Too Chow Wei from Singapore, and Dr Sivasubramanian Srinivasan from Singapore and India in collaboration.

Reference

- Centers for Disease Control and Prevention National Center for Health Statistics. Wide-ranging online data for epidemiologic research (WONDER). <http://wonder.cdc.gov>. [Accessed 8 February 2023].

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