Thursday Memo – February 9, 2017

Does “it” ever wake you at night? – by Warren Ferguson

Of all the things that drive me crazy in medicine, one of the top ten is clearly asking people to rate their pain on a scale of 1-10. Having lived for over a decade with chronic pain that is now resolved thanks to titanium hips, I can tell you that I rolled my eyes anytime someone posed this question. The question came from everyone: physicians, nurses, physical therapists, etc. How can I compare the pain of spasms in hip adductors to the pain of needing an emergency root canal? It’s impossible for me to imagine painting an accurate or useful estimate.

I have always preferred to teach students and residents that a functional assessment is so much more helpful. How is the pain affecting your life? How does it interfere with your ability to care for yourself, to get things done at home or work or to enjoy what you like to do? But of ALL the questions about function, my “go to” question when it is challenging to make a diagnosis, is: “Does it wake you at night.” I think I learned this when evaluating individuals with suspected irritable bowel syndrome as opposed to a more serious GI condition.

About 10 months ago, a patient of mine with a very long problem list was hospitalized for five weeks with abdominal pain. This is a middle-aged gentleman with a spinal cord injury, horrible diabetic gastroparesis, not so well controlled diabetes, schizophrenia, PTSD, horrible psoriasis and on and on it goes. He was admitted to replace a gastric tube for medication administration and a jejunostomy tube for tube feedings. The problem: every time there was an attempt to infuse feedings in the J-tube, he would get severe mid-abdominal pain and so he refused the tube feeds. He had studies that “proved” that his tube was not leaking and he received hyperalimentation (TPN) for nutrition. Both he and the doctors taking care of him were getting impatient. The response on the part of the teams who threw their hands up was typical: “Maybe this is psychological.” It was time for me to make a pit stop at Memorial.

After reading his chart and allowing him to vent his frustration, I asked one question: “Have you ever been sound asleep and woken up when they have tried to irrigate the tube or start feeding you?” The response: “Absolutely, I was dead to the world and woke up with sudden, sharp abdominal pain and standing there was the nurse, irrigating my feeding tube.” That clinched it for me. Something was not right and it was not in his head. I wish that I could tell you that I was able to convince those involved that this needed to be addressed but unfortunately, this man went home with hyperalimentation and to my embarrassment, received it for over six months. The superb dietician helping me to manage the TPN from an agency made it too easy for me to continue TPN but every time I signed the weekly order, I worried…. a lot, about a possible blood infection from his central line. I reached out to some specialists involved who suggested that the tube was coiled in the J-tube and sometimes this can cause pain. Unfortunately, others did not
agree and drew a line in the sand. Time passed quickly, distracted by all of the things I do, and I kept signing those orders.

Finally, I was able to convince others to replace the tube a month ago. He is now successfully back on tube feeds, without pain and his PICC line is being pulled this week. As I reflect with embarrassment that I did not address this more effectively and sooner, what is likely to be an astronomical expense of TPN for seven months, my weekly worry and the frustration that comes when other members of the team won’t listen, all I can do is learn from the experience and to be satisfied by the validation that the question “Does it ever wake you at night?” is a really good one.