

Annual Congress on

# Cellular Therapies, Cancer, Stem Cells and Bio Medical Engineering &

5<sup>th</sup> International Conference on **Pain Medicine and Pain Management**

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### Current potentials for cancer pain management

Nowadays palliative care is a very important item on the agenda of cancer management and by far pain relief is one of the most important goals in palliative care. Cancer pain represents a great challenge for pain clinicians as we are managing patients with poor general condition, mostly with organ dysfunction either single or multiple which can influence the type and dosage of different analgesic medications, besides the dynamic process of cancer pain which requires continuous evaluation and changing the pain therapy accordingly, and finally anxiety, depression and insomnia which make things worse. Our main task as pain clinicians is to achieve the best quality of pain relief with the least possible hazards and side effects. This goal can be achieved by proper selection of our weapons for pain relief according to the patient's pain presentation after adequate assessment. Patients with advanced and/or metastatic cancer may complain of the pain of any type and at any site of the body due to either local spread of the tumor or its distant metastases or the effect of cancer therapy. Our tools for pain relief are used separately or in combination in the form of pharmacotherapy (the art of analgesic usage by proper selection of analgesic drugs in their optimal dosage and at the proper time) and the interventional pain therapy which can offer a good quality of pain relief in a high percentage of patients, in which we can interrupt permanently the pain pathway by selectively destroying the pain-transmitting fibers percutaneously i.e. without open surgery (e.g. posterior root destruction for localized rib pain metastases, cordotomy for unilateral pain below the level of the shoulder originating from either bone or soft tissues and celiac plexus destruction for upper abdominal cancer or superior hypogastric plexus destruction for pelvic cancer). The use of spinal opioids can offer pain relief in certain situations for patients with generalized pain. So, by following a proper pain management algorithm, we can offer our patients a good quality of pain relief and a better quality of life.

### Biography

Ahmed Helmy A Abouel Soud has completed his MBBCH Medicine & Surgery, at the age of 22 years from Cairo University School of Medicine and also postdoctoral studies from Cairo University School of Medicine. He is Professor and Head of Pain Relief Unit, NCI, Cairo University, a board member of the Egyptian Society for Pain Management. He participated in many international pain conferences as a guest speaker and chairperson, and instructor of many pain workshops.

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