



Sickle Chronic Pain case

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SpR Haematology

Case Details

- 41yr old female
 - Sickle cell disease (HbSC)
 - Sickle retinopathy
 - (with recurrent vitreal hemorrhage requiring intervention)
- T2DM (poor glycemic control)
- Migraine
- Menorrhagia
- Relevant psychological issues: Depression
- Family: 3 children



Admissions Frequency

- **Initially 3-4 admissions / year**
 - Related to menstrual Periods
 - Chronic lower back pain – MRI inconclusive
 - Prolonged admissions up to 3 weeks with very slow opiate wean
 - Switched from MST to Oxycodone due side effects - severe itching
 - 2015: 4 admissions 7-16 days, 2016: 3 admissions 8-15 days, 2017 14 days May, then 23 days July
- **Started on Exchange transfusions in 2017**
 - Disease severity - 8 weekly depletion Exchanges – pre EBT S% between 33-38% (target <50%)
 - Initially occasional admissions post procedure for hydration (femoral line site pain)
 - Then misses EBT admitted in pain then exchanged – usually inpatient till next EBT
 - Period etc. prolong admissions
- **2018** - pregnant, month long admission pre and post delivery (pain and nausea management)
 - 2019 – 7 admissions averaging 21 days (total in pt 151 days)
 - EBT interval 5 weekly
- **2020** - Four admissions averaging 23 days (total 93 days as inpatient), 2021 - 5 discharges



- **2021-2022;** total number of inpatient days 195 (5 admissions)
- **August 2021 - till Nov 2021**
 - Aim to wean off opiates to lowest effective dose
 - Difficult admission – highest dose 15mg S/C 2 hourly
 - Chronic pain team heavily involved
 - Whole MDT including Pain team, 1-1 work with Psychologist, Nursing and Sickle Team
 - Family meeting (October 2022) with pain consultant and MDT
 - multiple grievances addressed
 - Understands potential harms and risks of high dose opiates
 - Confirmed her overall aim to be off opiates but has daily pain and wants a plan for this...
 - *Agreed to a capped number of doses weaning plan*
 - Decreasing the total number of s/c doses every 48 hours
 - contrast to the strength of dose
 - Switch to orals when down to 6 doses
 - Pain experience unaffected by her S+C%
 - Stopped transfusions
 - Started Hydroxycarbamide



Current Situation – Work in Progress

- Remains off EBT, tolerates very small HC doses 4 x 500mg OD a week
 - (limited by cytopenias - had bmat – nad)
 - Self reported feeling better on HC but dose limited
- Tried with Crizanlizumab - no impact on pain severity/admission episodes
- **2023** - 6 discharges so far:
 - Average inpatient admission episode still 3 weeks, but reduced stress for her and team
 - Wean regimen agreed and commenced 48 hours after admissions (ideally 24 hours but remains in discussion)
 - Consultant led discussion on days to drop doses - every 48-72hours
 - Max dose during admission 12.5mg Oxy s/c (less hyperalgesia)
 - Has opiate free days at home
 - Relationship with team much improved (mostly)



Other Issues

- DM – ongoing review
- Retinopathy – slowly progressive (EBT had no significant impact)
- Likely hepatopathy
- Gynae review – measures to improve/stop periods
- Gynecology team trial of anovulation and if not work will consider Hysterectomy
- Still frequent admissions but managing to follow the wean plan agreed with Pain Team





Thankyou