
Preface

The evolution of the concept of this book was to address areas of pediatric chronic pain that have not been traditionally the focus of current literature but still are of great clinical concern. This text is written for pain specialists and pediatric-oriented practitioners who encounter children with persistent and recurrent pain. This book provides an armamentarium for pain management after the acute phase is over and helps in follow-up care. Integration of current philosophy and research are translated to clinical care where possible in this text.

Since evidence-based care in pediatric pain management is not well represented, the scope of this text is intentionally limited to topics that are presently recognized as pain syndromes in children. The spectrum of chronic pediatric pain syndromes is as wide as their adult counterpart and may be greater, as some of the more difficult areas of pediatric chronic pain management do not have adult pain syndromes from which to extrapolate. Children are not little adults and while this dictum is true, we still do not have complete answers with regards as to standardized algorithms for the management of pediatric chronic pain syndromes. While extrapolation from the adult care is not preferred, we would be remiss to deny its use in the management of pediatric chronic pain.

Regional anesthesia is more frequently applied these days in the management of chronic pediatric pain. The chapter on the use of interventional techniques in pediatric chronic pain addresses ultrasound guidance which is relatively new and offers our children additional effective intervention in the armamentarium of pain management.

Pediatric chronic pain is pervasive; yet, specialists in the management of pediatric chronic pain are not plentiful and are limited to university-based facilities. Thus, referrals to pediatric pain specialists are rare and recognition of syndromes or disorders may be beyond one's primary scope of practice. Misdiagnoses, conflicting care plans and lack of standardization of care further complicate management.

The book consists of 23 chapters; however, the reader should realize that this is just the beginning in the frontier of chronic pain in childhood. It is our

hope that this book provides insight on chronic pain issues that clinicians face on a consistent basis while dealing with children and adolescents.

We are grateful to all the contributors and their administrative staff who have made this text a reality.

New Haven, CT
Chicago, IL

Brenda C. McClain, M.D., FAAP
Santhanam Suresh, M.D., FAAP

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McClain, B.C.; Suresh, S. (Eds.)

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