

The Transitional Pain Service is a novel clinical model that provides specialized pain management strategies. The Transitional Pain Service was created to provide specialized resources for patients who are at an increased risk for developing Chronic Post-Surgical Pain (CPSP) and to provide those patients with a multidisciplinary approach to pain management.

We are now offering the Transitional Pain Service through SCOPE for pre-surgical referral and post-surgical assessments.

The Transitional Pain Service team follows patients from the point of pre-admitting, before a surgery takes place. Our team provides pre-surgical workshops and education on pain management techniques to prepare patients for what can be expected during their hospital stay. Our team then follows patients through the post-surgical journey, providing care plans and strategies to help facilitate discharge. Patients are then seen in the outpatient setting to help increase functioning, optimize pain control, and receive support.

Refer your surgical patients to **gain access to:**

- Anesthesiologist, psychologist, acupuncturist, physiotherapist, nurse practitioner, Allied Health;
- Pharmacotherapy, interventional pain procedures, psychotherapy, acupuncture, education;
- Treatment in-clinic at Toronto General Hospital or by Telemedicine.

General guidelines for referring **pre- or post-surgical patients:**

- Pending surgery or surgery within past 6 months and struggling with pain management
- History of depression and/or anxiety
- History of substance use/dependency or addiction (i.e. currently taking long acting opioids)
- Chronic pain and/or psychological comorbidities

To refer your patient, complete the attached referral form

Transitional Pain Service

200 Elizabeth St. (12NU), Toronto, Ontario M5G 2C4
 (P) 416-340-4800 ext. 2927 (F) 416-340-3698

The Transitional Pain Service provides comprehensive care to patients preparing for and recovering from major surgery. Services include medication management, pain management workshops and groups, individual counselling, physiotherapy and acupuncture.

Before Surgery	Surgeries with increased risk for chronic postsurgical pain and persistent opioid use	After Surgery
<input type="checkbox"/> Chronic pain condition <input type="checkbox"/> Opioid medication <input type="checkbox"/> Antidepressant medication <input type="checkbox"/> Anxiolytic medication <input type="checkbox"/> Depressed or distressed <input type="checkbox"/> Highly anxious <input type="checkbox"/> Fear of surgery and/or fear of pain after surgery <input type="checkbox"/> PTSD diagnosis <input type="checkbox"/> Current substance misuse issues <input type="checkbox"/> History of substance misuse issues	<input type="checkbox"/> Breast Surgery (i.e. mastectomy/ axillary dissection) <input type="checkbox"/> Amputation <input type="checkbox"/> Thoracic Surgery (esp. Thoracotomy incision) <input type="checkbox"/> Open Abdominal Surgery <input type="checkbox"/> Transplant Surgery (Lung / Liver) <input type="checkbox"/> Neck Dissection <input type="checkbox"/> Open Gynecologic Surgery <input type="checkbox"/> Orthopedic Surgery <input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Reports struggling with post-surgical pain <input type="checkbox"/> Reports more post-surgical pain than is typical <input type="checkbox"/> Surgical pain does not appear to be resolving <input type="checkbox"/> Significant post-surgical pain 3 or more months after surgery <input type="checkbox"/> Difficulty weaning off opioids after surgery <input type="checkbox"/> Depressed, anxious and/ or significantly distressed <input type="checkbox"/> Concern about possible opioid misuse

PHYSICIAN INFORMATION. Date of Referral: _____ MD Name: _____

MD Billing #: _____ MD Phone #: _____ MD Fax #: _____

MD Email: _____

PATIENT INFORMATION. Patient Name: _____

Patient Phone #: _____ Health Card #: _____ DOB: _____

Patient Address: _____

Surgery: _____

Date of Surgery: _____
 (or anticipated date of surgery, approximately)

Please fax to 416-340-3698, Attention Sarah Russell. Thank you.

This facsimile may contain privileged and confidential information only for use of the addressee(s) named below. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, please be aware that any dissemination or copying of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify the sender to arrange for the return or destruction of this document. Thank you for your cooperation.