

World Institute of Pain Newsletter



VOLUME 2, ISSUE 3

Letter from the President

NOTE: Previously published in Volume 1, Issue 2

Dear WIP Members:

A great deal of consideration, time, and effort has preceded the program selection for the WIP World Congress on September 25-30, 2007 in Budapest, Hungary. The Scientific Program Committee headed up by Allen Basbaum and Martin van Kleef assembled the extensive program. The Fourth WIP World Congress promises to bring the most recent information inform us how to prevent problems, to provide solutions and to bring us up to the level of knowledge where we should be. Speakers from around the world are bringing the best evidence that we have at this time.

Part of the opening ceremony on Tuesday evening, September 25, is saying farewell to a Founding Member, David Niv, a relentless contributor and a delightful, caring physician who will be remembered by many of us. The 30-minute memorial ceremony will begin at 17:00, (30 minutes prior to the Open-

ing Ceremony). Please plan to participate in this meaningful moment for our friend.

The original WIP Founding father, Prithvi Raj, has recommended a combined photograph of all the FIPP alumni, not only the new graduates who will be receiving their diplomas, but also the older ones together with the Founding and current Board members. This will be a nice, heartwarming, historical picture for us to treasure.

The World Congress will include numerous activities that are only possible because of our sponsors who understand that taking care of patients is a combined effort where we must have the best medications, best equipment, best research, and best-trained physicians in a symbiotic relationship. WIP is very grateful our sponsors join with WIP to bring so much knowledge and talent into one place. Please make every effort to be present at this unique opportunity to take part, teach, learn, observe, and

become part of the team.

Abstracts and poster presentations by 300 people will bring significant importance to the World Congress. Personally, over the years, I have found some very exciting concepts that have come out of the direct one-to-one interaction with the contributors, and this will be the finest program that could be put together.

Originally, the Ninth FIPP Examination was to be held on one day only, September 29. However, due to an overwhelming response, we have added another examination day: September 30. To find the information regarding the program and examination, please look at the website: <http://www.kenes.com/wip/gen.asp>.

The Awards Ceremony will be at the Gala Presidential Dinner, with entertainment and a memorable Hungarian evening. We recommend you attend and participate.

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Letter from the President

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Budapest is a unique country with a one thousand-year history of colors, flavor, culture, museums, opera, wine, and food. It is a place where you can find virtually all the various aspects of a visit to a new place that you will wish you had experienced before.

The painting "Scream and Pain" will be offered for silent auction before and throughout the Congress for the benefit of scholarships and examinations. We shall ask the

artist to be present at posted times to personally sign the posters distributed at the Congress. The silent auction will end after the last award is presented at the Gala Presidential Dinner.

See you in Budapest,



Gabor B. Racz, MD, FIPP, ABIPP
President World Institute of Pain



4th World Congress
World Institute of Pain - WIP
Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



Dear Friends & Colleagues,

The World Institute of Pain (WIP) has chosen Budapest, one of the most elegant cities in Europe, as a venue for its 4th World Congress. Since its founding in 1994, WIP has held three successful international meetings. In addition to the Eilat, Istanbul, and Barcelona triennial World Congresses (the recent hosted nearly 2000 delegates), WIP has organized Symposia and Cadaver Workshops on interventional pain practice at least twice a year. WIP's combined focus on participant-friendly, yet intense educational activities together with "hands-on" courses, has led to the development of novel interventional techniques for the management of pain. At the same time we have fostered consensus building among pain experts on the effectiveness of existing techniques and on avenues for further improvements in therapeutic performances.

But the most important initiative undertaken by WIP is the development of the practical examination of clinical knowledge and skill related to our field. By the time of the 4th WIP Congress in Budapest, the number of fellows with a diploma on interventional pain practice (FIPP) should be over 350. This achievement means that WIP's Congress in Budapest will give you an opportunity not only to hear lectures on state-of-the-art advances in research related to our field, but also to meet many experts whose professional competence meets the highest standards of patient care.

I look forward to welcoming you to Budapest,

Gabor B. Racz, MD, DABPM, FIPP
President, World Institute of Pain

Serdar Erdine, MD, FIPP
President Elect and Chairman of the Examination

For more information please go to: <http://www.kenes.com/wip/>



WORLD INSTITUTE OF PAIN

SECTION OF PAIN PRACTICE

September 28, 2007 Preparation Course – September 29, 2007

FIPP Examination at the 4th WIP World Congress

September 25-28, 2007 in Budapest, Hungary

BULLETIN

Second FIPP Examination Date Announced

FIPP Examination Board Chairman Serdar Erdine announces that the September 29 examination quota is overflowing and there are many prospects informing us they they are still preparing their applications; therefore, another day, **September 30**, will be added to the Budapest FIPP Examination schedule. At this time, the exact quota for September 30 is not determined. Efforts will be made to limit those number so physicians can still leave Budapest on Sunday, September 30. Please share this news with colleagues who may be planning to register for the FIP Examination. The August 15 deadline is still accurate. Inquiries about getting into the limited quota for the FIPP Examination in Budapest should be directed to:

paula.brashear@ttuhsc.edu

WORLD INSTITUTE OF PAIN – SECTION OF PAIN PRACTICE

Announces the

The 11th FIPP (ABIPP Part II) Examination / Preparation Course - \$1,000

September 28, 2007 in Budapest, Hungary

Optional FIPP Examination Prep Course and Workshop

(Participation limited to participants of the FIPP Examination on Sept. 29)

September 29 and 30, 2007 in Budapest, Hungary-FIPP Exam - \$2,500

Send FIPP Examination and Prep Course applications and questions to

James Heavner, DVM, PhD, FIPP

3601 4th Street – MS: 8182 – Lubbock, Texas 79430 USA

Phone: 806-743-3112 • Fax: 806-743-3965 • E-mail: paula.brashear@ttuhsc.edu

Serdar Erdine, MD, FIPP, Examination Chair

Paula Brashear, Examination Secretary

Gabor B. Racz, MD, FIPP, President World Institute of Pain

Scream and Pain by Csok Remo



Csok Remo was born in 1924 in Budapest, Hungary, but soon after his birth, his family moved to Paris, France. The stay in France allowed Csok to finish his formal education; these years also made him realize the importance of a free spirit and intellectual curiosity and to appreciate light-hearted discussions, fine wine, and camaraderie with those around him. Following his return to Hungary, he attended the Tibor Dalle graphic school, with the opportunity to carry on his artistic training under Istvan Csok, one of the most highly decorated painters of his time. Simultaneously with intense art involvement, CR further pursued his uniquely diverse professional education, which included the completion of an architectural degree in Budapest and hydrogeology studies in Mifkolc.

Rendered in a variety of mediums, Remo's artwork is diverse in style and technique. His original studies (from 1944 to 1949) were graphics and watercolors, but the influence of Csok lead him, in later stages of his career, to oil-based paintings. His work was not only inspired by significant historic events, but also by simple themes from the Hungarian plains. A significant painting from the latter category – *The Boy with Bicycle* – is currently on exhibition in Italy; several other pieces can be found in Austria and France. With multiple exhibits of his work all around Europe, CR has been recognized as one of the most significant contributors to contemporary art.

At the WIP World Congress in Budapest, Hungary, a painting by Remo will be auctioned. The painting, recognized as a symbolic rendition of pain and suffering, is presented in Remo's characteristic modern futuristic style. Its purchase was motivated and based on the painting's excellent fit with WIP's primary mission to better educate and train physicians in handling pain.



4th World Congress World Institute of Pain - WIP

Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



[HTTP://WWW.KENES.COM/WIP/](http://www.kenes.com/wip/)

CONGRESS VENUE

The Congress Venue is the Budapest Sportarena
Stefania ut 2
1143 Budapest
Hungary
Tel: +36 1 422 26 00
Fax: +36 1 422 26 03

DATES

Monday, September 25 – Thursday, September 28, 2007

TIMETABLE

The timetable for the Congress can be found at: <http://www.kenes.com/wip/Timetable.pdf>.

LANGUAGE

The official language of the Congress is English.

CME CREDITS

An application for CME accreditation is being applied for. Further details regarding this will be made available at a later stage.

REFRESHER COURSE

Tuesday, September 25, 2007
Limited number of seats.
Pre-registration required.
Registration fee: € 200

FIPP EXAMINATION COURSE

FIPP Examination Preparation Course – Friday, September 28, 2007
(Participation limited to registrants for the FIPP Examination on Saturday)
FIPP Examination - Saturday, September 29, 2007

For information about the FIPP Preparation Course and FIPP Examination contact Dr. James Heavner or go to the WIP website

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Interview with Menno E. Sluijter, MD, PhD, FIPP

The World Institute of Pain has chosen Professor Menno Sluijter to deliver the **President's Lecture** at the Opening Ceremony of the 4th WIP World Congress on September 25th 2007 in Budapest, Hungary. Professor Sluijter is well known to the pain physicians all over the world for his seminal work in the basic concepts of Radiofrequency in Pain Management.

- He specialized in Anesthesiology from the University of Amsterdam, 1963. He became the Professor of Invasive Treatment of Pain at the University of Maastricht from 1989 – 1998. Since 1998, he has been a Consultant at the Pain Unit, Swiss Paraplegic Center, Nottwil, Switzerland.
- He has been honored with numerous awards in his lifetime. The most significant awards are Knight in the order of the Dutch Lion, and Noordenbos award.

I interviewed Professor Sluijter during the 3rd World Congress in Barcelona in 2004. The excerpt of this interview is published below.

P. Prithvi Raj, MD

From time to time, MD Consult Pain Medicine's Editor-in-Chief, P. Prithvi Raj, MD, interviews leaders in the field of pain medicine. What follows is the transcript of an interview with Dr. Menno Sluijter.

Prithvi RAJ: On behalf of MD Consult, we are very honored that you have accepted to be interviewed. This particular section in



Menno E. Sluijter, MD, PhD, FIPP
Pain Unit
Swiss Paraplegic Center
Nottwil, Switzerland

MD Consult highlights the innovators of pain medicine.

Menno SLUIJTER: Yes.

RAJ: We feel that the people who have significantly contributed to the development and progress of pain medicine deserve to be read about by our subscribers. To this end, we have a section in MD Consult where we offer these interviews.

Menno, I've admired your work for so many years. I want to know how you started.

SLUIJTER: How did I start?

RAJ: Yes.

SLUIJTER: I didn't start, I was

started. (laughter) They say that there are no coincidences in life. I had just been appointed as an assistant professor of anesthesiology in Amsterdam. There was a group of general practitioners who invited people to talk about their specialties. They asked me whether I could give a talk about chronic pain, and I loved it. So I called a friend, and he said there is a new medicine that was called bezitramide. He said if somebody has chronic pain they should take that stuff; you take it in the hospital because there may be a lot of nausea in the beginning, but in the end it will be all right. So I went to the general practitioners and I told them just that. Imagine! (laughter)

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Interview with Menno E. Sluijter, MD, PhD, FIPP

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This was 1969. So I went there, and my talk was very well received. They offered me a glass of wine, and they offered me another glass of wine, and another... Then one of them said, "If we ever have patient like that, can we send the patient to you?" And by that time, I had totally lost all self control, and I said, "But of course!" (laughter)

Mercifully, nothing happened during the next year. Then I got a lady of about 60 years old, and she had a coccydynia. I followed the rules that I had learned from my friends, and I took her to the hospital and I tried to give her this medicine. I think she was in hospital for about 10 to 14 days. And all that happened was that she vomited all time and the pain remained the same as it was previously. I felt so frustrated that I started reading the literature and John Bonica's book. And that's how the whole thing started.

The next thing that happened is that I showed up in the hospital. It wasn't a university hospital, but in one of the hospitals where we were working as well.

RAJ: This was in Amsterdam?

SLUIJTER: Yes, just outside Amsterdam. I set up a consulting hour for patients with chronic pain. There was a big argument about that in a staff meeting because one of the staff members said this would be bad for the reputation of the hospital because pain is like fever, it is a symptom. And the hospital shouldn't do this. Now, eventually, I won that battle. But that should give you the background what kind of

period that was.

RAJ: You got interested in pain management with this background. How did you train yourself?

SLUIJTER: There was nobody to train me. What I did was, I traveled all over the world, visiting those I knew who had done something invasive. Look, I'm omitting something. I'm omitting to phase how I came to know radiofrequency. That's quite a story, too.

I went to the first pain convention in 1975 in Florence. In the meantime, I had become an expert in giving steroid epidural injections with a 23-gauge needle. I had developed that technique. Somebody had made a film of that, so at that congress I showed the film. That was very well received because it was professionally made and it all looked very nice on the screen. Then an American neurosurgeon came up to me, and he said, "That was a wonderful film, but if you have somebody with neck pain you should follow my method." So I asked him what was his method, and it was what they call occipital denaturation. I don't know if you are familiar with that? It is when they go to the planum nuchae and they make 60 lesions at 90 or 85 degrees. So he took me to the commercial area of congress right then and there. I met Eric Cosman, and I was so interested that I bought a lesion generator right there!

So, I got a lesion generator. With the generator there was a handbook, which was very useful to me because there were a lot of monographs in it and I could see who did what and what the possibilities were. I also did the occipital denaturation on two patients, but then I

decided this was not medical treatment, this was human torture, so I stopped doing it. So that is how I came to know radiofrequency.

At that time, you only had the very large electrodes. You know, they went through a 12-gauge needle. That was a terrible instrument. I traveled all over the world, and I saw some people at work. So we started moving, but we were also using these needles for the neck and

"I was doing nerve block with a pole needle.... And I just remarked, wouldn't it be wonderful if you could radiofrequency with needles like this?"

that was not really good with that kind of instrumentation, you really couldn't do much. So it went on and on a little bit, but it could hurt a lot; these people were really suffering. It wasn't going so well. Then I was doing nerve block with a pole needle. You had the pole needle for finding a nerve, and then you could inject local anesthetic. And I just remarked, wouldn't it be wonderful if you could radiofrequency with needles like this? And this was in the Lutheran Deaconess Hospital in Amsterdam, and there were few nurses like that operating nurses.

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Interview with Menno E. Sluijter, MD, PhD, FIPP

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And one of them just handed me a knife and she said, "If you don't like it, cut it off." So I took the knife, and I cut the insulation off. And we did radiofrequency with the needle.

RAJ: Stay with that thought for a moment, and we'll come back to it. Let's take you back. When you were young, as young as you can think of. What were you doing then?

SLUIJTER: What age are we talking about?

RAJ: Well, 5 or 6, or whatever age you can remember.

SLUIJTER: What was I doing? It was war time and that was very important for the family because I was the youngest of 7 children. My youngest brother was 6 years older than I. So I came quite at the end of the line. Of course 6 years is a lot. There were 4 boys and 2 girls head of me. The 4 boys somehow formed a group because they had to—they had to hide because the Germans were after them. I was there on my own. I was too small to be in danger. It gave me a sort of isolated position in the family. I think that made a mark on me all my life. Because I was always somebody separate from the herd.

RAJ: You were protected?

SLUIJTER: I was protected, but I also didn't belong to the group. If you look at the rest of my life, I've been a little bit the man who followed the road less traveled. And it dates back to that period, I think.

RAJ: You feel comfortable walking alone.

SLUIJTER: Yes. And I never joined a bandwagon. I never believed what everybody believes. I always have second thoughts. That's how pulsed radiofrequency came along. Everybody believes it was the heat. I didn't believe that for a long time.

With those things, like in everybody's life, there are remnants of the old family life. The after-war period was just damn hard work. My parents were poor, sometimes too poor to even pay for the newspaper. They gave us all university education at great personal sacrifice. And I'm really thankful to them to this day for having done that. But if you failed an exam, that was a financial catastrophe, really not less than that. So work was the motto of the family. We worked hard. Until of course the elder brothers got their degrees and started earning money, then things became easier. But the period just after the war, until the mid 1950s or so, were colored by that hardship. No vacation, nothing but work. Finish your exams.

RAJ: Somewhere in your education, you decided to go into medicine.

SLUIJTER: Yes, but that was not a very conscious thought. My older brother was a general practitioner. The first year that I went to the university, I was registered both for chemistry and for medicine. But I had to make choice at a certain point. I chose medicine because I could use my brother's books. (laughter)

RAJ: So he was helpful to you in many ways. And that was in Holland?

SLUIJTER: Yes, that was in Holland.

RAJ: You went through the medical school.

SLUIJTER: And I traveled as a ship's doctor. It was a good period.

RAJ: Do you have any significant memories of your medical school? Good or bad or outstanding?

SLUIJTER: I think I enjoyed the period. I didn't like anatomy—the first time you go into the lab—but I think everybody goes through that. That's quite natural. The rest I think was a very good period in my life.

RAJ: And then you traveled as a ship's doctor?

SLUIJTER: I traveled as a ship's doctor. I made 1 or 2 trips when I hadn't even finished my studies yet because those ships usually only had a nurse because there were very few passengers. I wanted to become a surgeon first, so I registered in Rotterdam as what they call a "vacationing resident." There the youngest resident had to give the general anesthesia. I liked it, but I knew they would fire me at the end of the year because there were a lot of people in training. So, I said, "Okay, I'll go with anesthesia." I registered for education in anesthesia in Amsterdam again, which suited me fine because I didn't like Rotterdam. Then I got the offer in Rotterdam to become surgeon, and I said no thank you.

That was when Mrs. Vermeulen-Cranch came into the picture. You may not know the name, but she was quite famous in Europe because she was one of the first fully trained anesthesiologists. She was married to a Dutch man, and she became the first professor of anesthesia in

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Amsterdam. Her husband was the director of one of the big shipping companies. So we started talking about my experience traveling as a ship's doctor. From one thing came the other, and she commissioned my work for 2 or 3 months. I made trips to South Africa and to the West Indies.

RAJ: When did you learn English?

SLUIJTER: Oh, that is quite the story! That was during my first trip as a ship's doctor. We were in Accra, which is in what was at that time called the Gold Coast, and is now Ghana. Accra didn't have a harbor, so you were outside at sea, and the ship was loaded and unloaded by means of very small boats, and the workers were on strike because they wanted more money. So, we couldn't go ashore. We were there for 3 weeks. It was a small ship, and there were 6 passengers on board or something like that. One of them was an English diplomat, and we became friends. There was nothing to do all day because we were there on the ship. So, we ended up drinking whiskey until the small hours because there was nothing else to do. That was my training in the English language. At the end of 3 weeks, I was...well I wouldn't say fluent, but I was pretty good.

RAJ: Did the Englishman learn Dutch?

SLUIJTER: No! Who would want to learn Dutch? (laughter)

RAJ: Haha! It's amazing—everybody can learn English, but no Americans or Englishman want to learn another language!

SLUIJTER: That right. Well, Holland is a beautiful country, but at 17 million people, that's all...

RAJ: So, since that time, in your travels, you learned proper English?

SLUIJTER: Yes. This has been a big advantage throughout the rest of my life, that I did quite well in the language.

Then came the period of around 1963. I decided on my thesis and became a doctor, etc. And at that time I was involved with hyperbaric oxygen for carbon monoxide poisoning, for gangrene of the foot, that type of thing. And I had met a beautiful Irish girl at some congress or something, I don't recall. She wrote to me and she said, "We are having a congress here on hyperbaric oxygen in 2 months' time, and you should come over." But I didn't have the money, so I went to the professor of surgery, who was the main man regarding hyperbaric oxygen. I said, "Listen, I think it might be a good idea if I went there." He said, "Okay, but you must make it known that you are there. You must ask a question." So, I went over to Ireland, and I was at the congress and somebody was giving a talk on hyperbaric oxygen, and all I did was stand up and ask a question I knew he couldn't answer. (laughter)

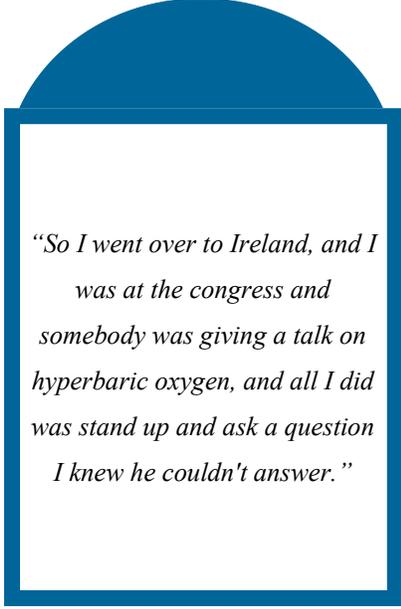
Then I sat down again because I had done my duty. Five minutes later, I got a small scrap of paper handed to me: "Can you have lunch with me? Beecher." And so I had lunch with Harry Beecher and we ended up very drunk by 3:30 or so. The end result was that he invited me to come and work at Massachusetts General Hospital for 1 year. So I did that in 1963 and 1964. Amazingly, that was the period during

which Harry Beecher did a lot of pain work.

RAJ: Absolutely!

SLUIJTER: But I was not interested. That all came later, after the general practitioners that I mentioned.

RAJ: Obviously, Henry Beecher made a profound impression on all



"So I went over to Ireland, and I was at the congress and somebody was giving a talk on hyperbaric oxygen, and all I did was stand up and ask a question I knew he couldn't answer."

of us. Do you feel that he was charismatic in his demeanor when you saw him?

SLUIJTER: Oh yes, absolutely. He was a great man. A very authoritative and knowing man, yes.

RAJ: He was at the same time working with Melzack and others.

SLUIJTER: I know! That's the irony of the whole thing. That it was right in front of me, but all I did was give general anesthesia for the vascular surgeons that lasted for

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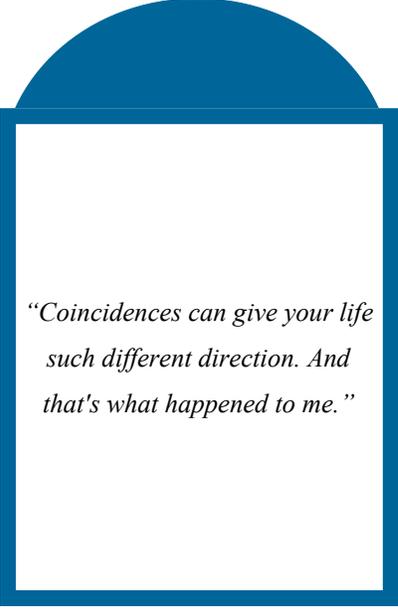
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8 or 10 hours. And by the end of the day I was just tired. They were using people like me then as work-horses. And that's fair; that's not a criticism.

RAJ: And then you came back to Holland?

SLUIJTER: I came back to Hol-



"Coincidences can give your life such different direction. And that's what happened to me."

land, and then of course because I had traveled, I had worked with at Mass General, and I had defended my doctoral thesis, I became very prominent in the department. I was appointed an assistant professor in experimental anesthesiology. I did a lot of computer models on the distribution of halothane and that kind of thing. Then started my coincidental interest in pain.

RAJ: Was that coincidental, or was that an incident which made you do that?

SLUIJTER: Yes, that was the story

we started out with, of the general practitioners. If not for the general practitioners, my life would have been quite different. That's what's so odd about the whole thing—coincidences can give your life such different direction. And that's what happened to me. Otherwise maybe I wouldn't have gone to pain. Because my general attitude was more that it doesn't matter so much what you do, it matters how you do it. So I would not have changed my plans so easily.

RAJ: We are looking at the era of the late 1960s, at this point?

SLUIJTER: Yes. This is the period of the epidural injection, of spraying postherpetic neuralgia, that type of thing. That's what I did. There was just one patient I had to spray, and I drove 20 minutes up, 20 minutes down, and that would cost me an hour. And then came the Florence congress, and then came the interest in radiofrequency. I bought the radiofrequency machine, then I experimented a lot with it; I took a lot of x-rays. I still have x-rays from that period. And they look terrible.

RAJ: When you took the radiofrequency machine, and you had the needle, what were you thinking? That it was better than the local anesthetic?

SLUIJTER: Yes, I wanted prolonged relief, of course.

RAJ: Yes, that's the shortcoming of local anesthetic.

SLUIJTER: That's right.

RAJ: And over the years now you have done that, and tried to improve it. Do you think that has been realized?

SLUIJTER: That it has been able to give prolonged relief? Yes, I do. You may think that I'm not critical enough, then. Because I'll tell you what—once we had the SMK system, we could do many more procedures than we could do before. We could go to the dorsal ganglion; you cannot do that with a large electrode. We could go to the sympathetic nerve... The world was opening up because we had better instrumentation. I can think of probably 20 procedures that you could do with radiofrequency that turned out to be absolutely worthless. Very bad. I didn't harm anybody with them, but they just didn't work.

I habitually did that, and then I waited. Do you know what the placebo effect of that was, of the wrong procedures? Zero.

RAJ: Really?

SLUIJTER: In the procedures that were no good, I have not seen a single patient who even pretended that it worked. I mean it! So if I saw, on the other hand, the patients who became better from the procedures that were good, then you may say, "But you need a double-blind study for that." I didn't need the double-blind study at all because I could see it with my own eyes.

RAJ: And that result has been challenged now?

SLUIJTER: Yes.

RAJ: And is there a model that can prove it one way or another?

SLUIJTER: Let's see. You must look at the history to understand it. In the 1980s, my practice was growing. It was very, very busy. I was

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seeing 40 patients a day, and you cannot do any studies then. In the meantime, I had left the university. I left because I had proposed to them to make a center for treating these patients, giving them beds, etc, and they refused. This was still the early 1970s. So then I went my own way because I had become obsessed with the subject.

So I had my own practice, and it was immensely busy. There were a few people in the Netherlands who had visited me and picked up the same techniques, like Olaf Rohaf, and we were all terribly busy. There was not time for us to write things down, to do comparative studies. It was just physically impossible to do all that work.

There were really two camps. There was our camp on one side, and the university on the other side, who had picked it up and formed multidisciplinary groups. Now, I think multidisciplinary groups are a very good thing, but they should also offer invasive treatment where appropriate. And they didn't. So patients were thrown like a ball from one team member to another. We criticized them for this, and they criticized us.

RAJ: And more patients came to you?

SLUIJTER: Oh, absolutely. By the early 1980s already, we did cordotomies, we did trigeminal neuralgia, we did practically the full spectrum.

I think that the fact that somebody took the initiative to appoint me a professor in Maastricht University is due to that duality that we had in

that period. That was a friend of mine whom I had met while I was in Boston, Co Greep. He was a Dutch surgeon who had worked in the United States, who looked around a saw that this was not a good thing that we worked in different camps. He was one of the big shots at Maastricht, which was a new and young university at the time. And he thought that it would be a good thing to have, at the first university in Holland, somebody to teach that and to bring the two camps together. So that's where I started in 1989.

RAJ: Did you have a happy time there?

SLUIJTER: In Maastricht? A very happy time. But I was there 1 day a week. That's not much. It was because they didn't have money to pay for more, I couldn't get more time there. It would not have been so fruitful if Maarten van Kleef had not been there. We became very close friends very soon, and he has supported me enormously. And I think, together, he with his methodical approach and me with my ideas, we made a very good team.

RAJ: Yes, you did.

Somewhere in that period, you probably played sports. Did you play sports, and enjoy them?

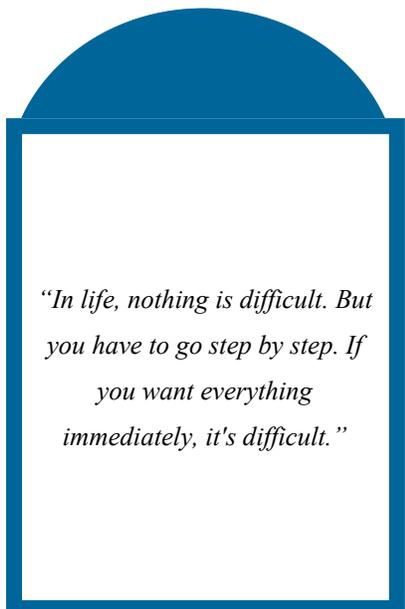
SLUIJTER: Oh, yes! I played field hockey, I played cricket—

RAJ: Cricket? How did you get to know cricket?

SLUIJTER: Oh, cricket is fairly common in Holland. I played a little bit of tennis, not much though. But for a time I was a very avid horseback rider. Not that I took part in competitions, but during my trip as

a ship's doctor to Africa I met some people who later became friends of mine. They were wealthy people and they lived near the sea—you know, from Amsterdam, west—and they had a huge territory there, and they had horses. So we went horseback riding there, along the beach. It was beautiful.

RAJ: Oh my, that does sound lovely.



“In life, nothing is difficult. But you have to go step by step. If you want everything immediately, it's difficult.”

So in Amsterdam, you took part in extracurricular activities apart from the hard work you were doing. And by that time you were internationally known, and I know many people were visiting you to be trained.

SLUIJTER: It was a constant stream. In Amsterdam, there were days I had 4 visitors. I can hardly remember a day there were no visitors. It was like a big show. I started at 9:30 in the morning, and that would be an early start. And by the time it was 1:00, I had done maybe

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Interview with Menno E. Sluijter, MD, PhD, FIPP

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25 procedures, including cordotomies, trigeminals, also diagnostic blocks. For those people, it was really worthwhile being there. The word traveled from mouth to mouth. There were people from all countries—Australia, South America, they came from everywhere.

RAJ: And did it inspire you, when these people were coming?

SLUIJTER: I liked having the people there, yes. Well, there were of course, difficult people. That can always happen. But there are some I kept in contact with for years and years afterward.

I shall not mention names, but I once had a visitor who was just impossible. He asked questions at the wrong moment, and he distracted me, and he was an obnoxious man. So after one day, I said to him, "Well, today was a very good day. I think you have probably seen most of what you will see here, and maybe it's a good idea for you to visit Dr. Mark Mehta in Norwich." (laughter)

So, I called Mark, and I said, "Mark, I have this very good colleague from the United States. He's been here for a couple of days, and maybe it would be a good idea if he came to you." So he went over to Norwich. But I wanted to know how the story ended. So 2 days later I called Mark, and I told him I just wanted to know that everything went well. He said, "Oh yes, no problem. It went very well. He was here for 1 day, and you know what I did? I called Sam Lipton." And Sam sent him back. (laughter)

RAJ: How did you meet Mark?



SLUIJTER: I met Mark in 1976 or 1977. I was taken to England to help the Intractable Pain Society. I was introduced there by Jur Bouma, the first invasive anesthesiologist in Holland. He worked at the Cancer Hospital in Rotterdam, and he had learned percutaneous cordotomies from Sam Lipton. So he was in the Intractable Pain Society, and he took me as a guest. And that is how I met everybody.

It was a very tragic thing that happened to him afterward. He was in the hospital, and he just had the echograph. And they detected that he had a large aneurysm of the aorta. They operated, and later operated the renal artery. But his blood pressure remained too high, and then he had a brain stem infarction, and he died.

RAJ: Yes, that was tragic.

SLUIJTER: Yes.

RAJ: Now you are in Switzerland. What made you go there?

SLUIJTER: The fact that when you are 65 in Holland, you are discarded.

RAJ: That's true in the States, too.

SLUIJTER: Yes? Is it?

RAJ: Well, they've gone to 70. But basically if you are disabled or for any reason you're not working as they would like you to, you are discarded.

SLUIJTER: I'll tell you how they do it in Holland. The university sends you away. I was allowed to stay for 1 more year, but that was highly exceptional. I think there are 3 others in the history of Maastricht University for whom they allowed that. All insurance companies stop paying for your service when you are 65.

RAJ: I didn't know that.

SLUIJTER: Yes, that's how they do it. So, I went once a week to Jan van Zundert, who was then working in St Niklaas, and for the rest, it was the end of the story. But I really enjoyed all the workshops and lectures and things. That was fun for me. And I realized that once you stop clinical work, you are like a gramophone record.

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Interview with Menno E. Sluijter, MD, PhD, FIPP

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RAJ: Very true!

SLUIJTER: I was in that sort of condition, and then I talked to Wolfgang Schleizer, who is, you know, the head of the department now. We talked for about 20 minutes, and we both became more and more interested, and I remember at the end of the conversation, he said, "So, you're for sale!" And I said, "Yes, I'm for sale!" (laughter)

I said I would come 2 or 3 days per month. But very soon we had the arrangement we have now, which is absolutely perfect for me because I can make my own schedule. I can work the whole week, or 1 day, or 3 days, as long as I say it beforehand. Of course there are some limits; I'll be told to go away when I'm 100 years old. But I'm as free as a bird and I live in Luzern, which is a very pleasant place to live. And if I want to see my friends in Holland, I step in the car and it's a 7-hour drive. Couldn't be better.

So, now I have time for meetings like this. And when friends send me an e-mail with an attachment, and a message, "I've written an article, can you please have a look at it?" And if it turns out to be rubbish, and I have to rewrite it—because they think, well, he's got nothing to do all day anyway.

So, I'm never bored. I like the opportunity to travel and to still be a part of everything.

RAJ: What do you think of pain as a specialty? Has it gone the way you thought it would?

SLUIJTER: I think so. Of course, things have been growing, that's natural. When I started, there was

nobody to teach me any techniques, because there was simply no one who was doing it. And then, of course, along the road you have people who take advantage of that situation and that has hurt me, when I've seen that. I remember receiving other people from Holland, for instance, and some of them were very conscientious and stayed with me for weeks, and really took it very seriously. Then there were others, I remember one who came to me at 9:30 one morning. I had a trigeminal neuralgia scheduled, and I was very lucky, it only took 10 minutes. You know, sometimes it goes very fast. So he walks back with me and says, "That was simple, wasn't it?" He didn't realize it wasn't simple at all. He asked me at 11:00 where he could buy the equipment, and at 11:30 he was gone, and I've never seen him again. He has started for himself.

And those are things you cannot prevent. I felt sorry for him because these are the people who give this type of procedure a bad name. But there has been nothing much I could do about it. I have all these people coming to watch, some for 8 days, some stay for 2 weeks. I think the process you see now, with the exams, and people publishing about it, and people doing experimental work about it—it's all a natural process, I think. And I think we are moving in the right direction.

Thanks to the World Institute of Pain, also, because they gave it the framework that was very necessary. I have been Secretary of the Dutch Association of Anesthesiologists for a few years, and I realize it's very hard work. I have no gift for that. But it's good that the framework is done. That's all a very good thing. I really appreciate it.

RAJ: In 50 years from now, what do you think pain specialists will do? And will they be successful?

SLUIJTER: There's one thing that is high on my list, something I would like to see: a totally different attitude of medicine, in general. I work in a center at the moment where I see very few trigeminal neuralgias, cluster headaches, etc—they're not referred to us. We do no

What should happen is that the whole medical community should just re-school these people who want to go into surgery and make them go into pain treatment in the first place.

malignancies... So, as far as the neck is concerned, it's mostly whiplash, posttraumatic things.

But for the lumbosacral area, 50% of patients are failed back surgery. Now, some of them have had an accident. But a large percentage of them are tragic examples of young people who have back pain for 6 months without anatomical abnormalities. They are operated on, they have a fusion, or hernia surgery. Then the pain comes back or never goes away. And then they eventually get a stimulator, and then they

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4th World Congress World Institute of Pain - WIP

Budapest, Hungary, September 25-28, 2007

21st Century Pain Medicine Science, Art, Practice Better Education, Better Relief



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All participants including invited speakers must submit a completed registration form.

	Before June 1, 2007	After June 1, 2007	On-Site
Physicians	€ 495	€ 585	€ 650
Ph.D., Student, Nurses	€ 300	€ 350	€ 350
Refresher Course	€ 200		
Gala Dinner	€ 75		

FEES FOR PARTICIPANTS INCLUDE:

- Attendance to all scientific sessions, delegate's bag with Congress material
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- Entrance to the exhibition

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All cancellations must be faxed, electronically mailed or post-marked: Refund of registration fees will be as follows:
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Payment of fees should be made in EURO and may be paid either by bank transfer, check, or credit card (Visa, MasterCard, Diners Club, American Express*).

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FIPP EXAMINATION

For registration to the FIPP examination and the pre-examination course, please approach Ms. Paula Brashear at e-mail: paula.brashear@ttuhsc.edu.

Interview with Menno E. Sluijter, MD, PhD, FIPP

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get a pump. And by that time they are 30 or 35 years old, and they become impotent, and because they are impotent they are sent in to see if we can do anything with radiofrequency. And I see people who are crippled for life, and nobody is ever going to cure them because the stimulator doesn't work anymore, the pump doesn't work anymore... These are people with a long life expectancy who have nothing to expect from their lives for iatrogenic reasons.

And I hope that the medical world, someday, will see that if they are referred for very simple things like radiofrequency, in the first place, at an early stage, that you can improve the lives of maybe a million people. These tragic things are still going on today, and they are mainly going on for financial reasons.

What should happen is that the whole medical community should just re-school these people who want to go into surgery and make them go into pain treatment in the first place. Then you have a system that will save billions of dollars and will save many, many patients from terrible suffering that no one knows how to do anything about.

That's what I hope will help things in 40 or 50 years. And that's really my motivation to still go on, you know that? Because I think every push in that direction would do some good. But if you look at the whole medical community, there's so much harm being done to so many people. And it's all covered up.

The complications that come with stimulators—I know that people

have serious complications with stimulators because I hear it in the corridors. But you don't see it published. I find the whole medical community very hypocritical. It's sad to say, but money plays a very important role for the doctors who operate on patients they shouldn't operate on, and the medical companies that suppress that kind of information. And I hope that we'll all wake up some day and say that we'd better find a better system.

Maybe you'd better not write down everything I say, or I'm going to have to buy a bullet-proof vest! (laughter) But if you really want to know how I think about it, that's how it is.

RAJ: You've gone from a heat radiofrequency to another area, pulsed radiofrequency. Is it out of frustration?

SLUIJTER: There are several reasons that I doubted it for a long time. I won't go into them, but there is a very important point that just doesn't fit with the heat contact. That is, if you have a person with a herniated disc, and you treat this radiofrequency at a point distal to where the nociception comes from, it is successful. Now how do I know that? In the 1980s, some patients were referred to me because they could not be operated on for some reason. So I know that radiofrequency treatment at a site distal to where the hernia is is effective. But that can never be explained by ablation. So maybe it is part of the thing, but there must be something else. And I've been thinking about that for a long time, until I finally saw the light and came up with pulsed radiofrequency.

RAJ: Would you call that an inno-

vation?

SLUIJTER: It will go far beyond pain. I don't know if you know Alex Cahana's work.

RAJ: It's an excellent work.

SLUIJTER: Yes, and it also seems that it plays a role in regeneration. So this opens new horizons not only for brain damage, but also when you think about wound healing, bone healing... This will go far beyond what we're seeing now, I'm convinced of that.

RAJ: Thank you very much.

SLUIJTER: You are most welcome, I enjoyed it.

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FIPP Awards Ceremony

September 27, 2007

Master of Ceremonies, Serdar Erdine, MD, FIPP

Presentation of FIPP Certificates to

Fellows of Interventional Pain Practice (FIPP)

by the

Examination Board of the World Institute of Pain – Section of Pain Practice

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They will be recognized at the Awards Dinner on September 27th, 2007

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