R. DENNIS SLAVIN
may be a New Yorker, but he came to Texas and stayed for a reason. And he’s been relieving people of their pain and putting them back to work and into motion ever since.

Slavin was a chemistry major in college, fascinated by the pharmacology associated with anesthesia. Intrigued by the physiology of what receptor was being blocked to the dynamics of patients’ heart rates, the field of anesthesia was like exercise training in physiology. Slavin completed medical school and a residency in anesthesia in New York City. While completing his residency, he saw the potential in interventional pain management. During his training in the early ’90s, interventional pain management hardly existed, but he realized he was on the brink of something big.

Slavin wanted to see what opportunities existed throughout the United States, so he enrolled as a traveling doctor with a few locum tenens programs. One of those companies brought him to the Rio Grande Valley in 1994. The Valley in 1994 was on the brink of a substantial healthcare growth spurt. With new technologies, the mid to late ’90s brought tremendous growth to the burgeoning field of interventional pain management, and Slavin knew he was situated in a prime position to advance with it. Slavin worked in a growing hospital practicing anesthesiology and some interventional pain management.

“It was a good climate to stay,” Slavin says. In the ’90s, it wasn’t common for patients in the Valley to have to go to San Antonio or Houston for pain management procedures. “There was a need here. Patients don’t have to travel long distances because the expertise is here now. I’m doing anything and everything that they’re doing in the major cities.”

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KING OF RELIEF
By SHANA HAMID
Photography by JOSEF ARMENDARIZ

DR. DENNIS SLAVIN: CHAMPIONING INTERVENTIONAL PAIN MANAGEMENT IN THE RIO GRANDE VALLEY

“We’re trying to get patients better with the least amount of interventional pain management.

Slavin treats a range of pain conditions, including very common ones like lower back pain, shoulder pain, hip bursitis and degenerative joint disease of the knees. His practice offers a number of treatments, which always include a detailed physical exam, MRI imaging and a focus treatment, and he does all treatments in the office as outpatient visits. About half of his patients suffer from lower back pain, many times caused by a bulging or herniated disc in the lumbar spine.

Slavin says most patients with minor disc problems don’t require surgery, but endure enough pain that it interferes with their sleep, their daily activities and their job. Slavin emphasizes that different pain structures cause different pain patterns. He treats a lot of facet joint problems, herniated discs and muscle spasms, all of which have specific treatments.

He explains that many pain structures that affect the lower back can also affect the thoracic and cervical spine; therefore, many low back treatments can treat different spinal areas of pain. “It’s about a detailed history and physical exam, diagnosing what the pain generator is and doing specific treatment that alleviates that pain. We’re really trying to get patients better with the least amount of interventions.”

He’s constantly asked, “How long will the pain be gone?” Slavin regularly educates his patients on outcomes, designs home exercise programs specific to their problems and encourages all of his patients to be earnestly involved in their treatments. “It all depends on how patient presents. The thing that I tell patients is that they have to be actively involved in their treatments. All the patients who we do treatments on the lumbar spine – we give them a specific home exercise program. We encourage them to pursue that exercise.”

Slavin coaches patients in ways to strengthen the structures around the pain generator. He treats many people with sedentary jobs and says most people don’t realize sitting for long periods of time is stress on the lumbar spine. Walking – one of the best exercises for strengthening the muscles in the lower back – is often recommended. “The way you were made is to be standing. The lumbar and thoracic spine was made to be standing upright, not sitting or lying down.”

Inevitably, patients do find relief and are able to resume a normal life through interventional pain management techniques. Seeing those restorations is exciting. For example, an elderly woman couldn’t brush her hair because she couldn’t lift her arm above her shoulder. “After her injection, she comes in and is waving to me down the hall like, ‘Look, I can wash my arm! That’s awesome!” Slavin says. He treats many workman comp injuries – many work with the border patrol, at H-E-B, as 18-wheeler truck drivers and as police officers. “Getting them back to work and having them feel confident they can do their job – huge!”

He’s witnessed 90-year-olds who couldn’t get up out of a chair jump out of their chair after treatment. “He’s watched people who’ve been told they’d have to have a total knee replacement come off their pain medications and no longer entertain the option of surgery.

Slavin stays fairly close to new research and continues to be certified by some of the best boards of certification in his field. He is board certified through the American Board of Pain Medicine and the American Board of Anesthesiology, and most recognizably, he became a diplomate of the prestigious American Board of Interventional Pain Physicians.

“There were specific reasons why I wanted to get these other certifications. I thought it would set the bar the highest out of all the certs I have. I feel committed to the patients here to provide the highest quality of care possible. It makes them very confident in the care I deliver because I’ve met the criteria of very stringent board certification processes.”

Slavin wants people to know if they have chronic pain, there are very good medicines and interventions that work. People have the ability to seek out a pain management specialist. There are many minimally invasive treatments options and some highly sophisticated devices used to control pain. Medicines have gotten better, interventional techniques have improved and cutting-edge technology is making treatment even more specific.

Interventional pain management is the solution to many conditions when surgery isn’t an option or necessary. Neurosurgeons may beifiyingly treat patients where the condition requires surgery, but as Slavin points out, “we’re not putting neurosurgeons out of business. We’re addressing a need that wasn’t met 15 years ago.”

For more information on Dr. Dennis Slavin’s practice, visit www.riograndepainteam.com