Practical algorithm

Trauma, operation, initiating event

Determining CRPS-I diagnosis and clinical features

Treatment:

Paramedical:
- Standardized physical therapy
- Standardized occupational therapy

Medicinal:
- Pain medication according to WHO pain ladder (up to step 2)
- DMSO 50%/n-acetylcysteine

Communication and education:
- Oral and written
- Involve next of kin
- Involve patient organization

Primary prevention:
- With wrist fractures Vitamin C

Secondary prevention (with present or previous CRPS-I):
- Postpone surgery until CRPS-I features have disappeared
- Minimize duration of surgery and use of tourniquet
- Use adequate pre-, and peroperative analgesia
Consider:
- Perioperative ganglion stellatum blockade or regional i.v. anaesthesia with clonidine
- Anaesthesia with sympathicolytic effect
- Perioperative calcitonine

Treatment of children with CRPS I:
- Besides medicinal treatment physical therapy and/or occupational therapy.
- If required, psychosocial guidance by child/youth psychologist

In case insufficient:
- Intrathecal baclofen in specialized clinic

In case of dystonia, myoclonia or muscle spasms:
- Oral baclofen, diazepam or clonazepam.

In case of cold CRPS I:
- Vaso-dilatory medication

In case of discrepancy between objective complaints and pain behaviour, stagnation of treatment, extensive suffering by patient:
- Consult psychologist

In case insufficient:
- Percutaneous sympathetic blockade

Other interventions:
In case of insufficient effect of other therapy, consider:
- Spinal cord stimulation in specialized clinic

In case of recurring infections, consider:
- Amputation in specialized clinic