

Complex Regional Pain Syndrome (CRPS)

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NHS Foundation Trust

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Who is this leaflet for?

This leaflet is a short explanation of the condition for patients with the complaint, and their companions.

What is it?

CRPS pain usually develops in an arm or leg after an injury. Only rarely are other areas affected. It is:

Complex: Affects nerves, skin, muscle, blood vessels and bone

Regional: Usually affects one area of the body

Pain: Is always present and classically "burning" in nature

Syndrome: Is a collection of signs and symptoms

There are two types of CRPS:

CRPS type 1: Follows an injury to a limb, such as a broken bone or even a minor sprain

CRPS type 2: Follows partial damage to a nerve in the limb. The symptoms are very similar. This form is very rare.

What are the symptoms?

As its name suggests the main complaint from people with this syndrome is persistent pain, which can be severe. The pain is often burning, sharp, stabbing or stinging, with tingling and numbness. Other symptoms are rare and not all present in people with the syndrome. These include:

- Swelling
- Drying out of the skin or colour changes

- Temperature changes
- Joint stiffness and difficulty in moving the limb
- Increased or decreased sweating in the affected area
- Increased hair and nail growth
- Skin being oversensitive to touch (Allodynia)
- The affected area may just feel "strange"

How is the diagnosis made?

The diagnosis of CRPS is based largely on the presence of pain and other signs and symptoms (see above) you may have in association with this.

Who gets complex regional pain syndrome?

It can affect people of all ages, including children. CRPS is a stronger-than-normal reaction of the body to injury. We don't know what causes CRPS.

What we do know is that the abnormal reaction to injury happens both in the affected limb and in the brain. The nerves in the affected limb are much more sensitive than other nerves and this causes some of the tenderness to touch and pressure.

The brain is also involved. The way the brain communicates with the affected limb often changes and this can cause some of the problems with movement.

CRPS is not in your mind. We also know that your mind set cannot cause CRPS, but that some psychological factors such as

fear or worry can make the pain worse than it already is.

Does CRPS run in families?

It may be that genes have something to do with who develops CRPS pain after injury, but they are certainly not the only factor in deciding who gets it.

It is also very unlikely that anyone else in your family will ever develop CRPS pain.

Could it have been prevented?

It is very unlikely that CRPS pain after your injury could have been prevented. The right diagnosis and treatment can reduce suffering from CRPS pain.

Treatment

CRPS usually gets better by itself or with treatment. In some people, CRPS does not get better. We have no way of predicting whether your CRPS will get better and when.

Unlike cancer or rheumatoid arthritis, CRPS does not destroy body tissues. Even if you have CRPS for several years, the rest of your body will continue to work as normal.

Does treatment help?

Treatment aims to improve your quality of life, functioning and reduce pain. It is likely that you can get some pain relief with treatment.

The success of some treatments depends on the amount of effort you put into them. There is a range of treatments and your consultant or therapist will discuss these with you.

Exercise treatment

Most patients see physiotherapists (PT) or occupational therapists (OT). These therapists will work with you in a way which is specially geared towards your CRPS. For example, they may not even touch your limb.

It is very important to exercise the limb gently following advice by a PT or OT.

Medication treatment

Drugs can sometimes reduce CRPS pain and may also help you to sleep. If you are not coping with the pain after several weeks despite oral medications your GP may refer you to specialist pain services to discuss other options.

Psychological intervention

Sometimes psychological intervention can be helpful to reduce distress (this does not mean that the pain is in your mind; it is not). Your consultant would be happy to discuss this with you.

Who do I contact if I have questions or concerns?

Your GP or physiotherapist will be happy to give you advice for this very common complaint if you need more discussion than you have had in the out-patient clinic.

If you feel your query needs a more specialist answer then please call fracture clinic on the following number **0151 529 2516**



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please:

0151 529 8564
listening@aintree.nhs.uk

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