

# Reflex Sympathetic Dystrophy (Rsd) Or Complex Regional Pain Syndrome (Crps)



## What is CRPS or RDS?

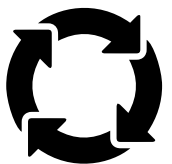
It is a chronic pain syndrome that can occur after an injury, surgery, a stroke or heart attack. It is an abnormally severe and /or prolonged manifestation of a normal post injury response.

The following features are usually present:



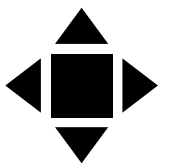
### Pain

This is always present and usually out of proportion to the original injury. This may be burning or shooting pain, or the hand may be sensitive to touch, pressure, or light movement.



### Circulation

The limb may be pale, appear blue or red or may be hot or cold. There may be abnormal sweating.



### Swelling

May be present or the skin may be shiny.



### Stiffness

Occurs due to decreased muscle strength or secondary to lack of movement due to pain.

There are two similar forms, called CRPS-I and CRPS-II, with the same symptoms and treatments. CRPS-II is the term used for patients with confirmed nerve injuries. Individuals without confirmed nerve injury are classified as having CRPS-I (previously called reflex sympathetic dystrophy syndrome).

## What are the causes?

CRPS is believed to be caused by damage to, or malfunction of, the peripheral and central nervous systems. The injury/surgery causes nerves to become sensitive to signals which they would not usually respond eg. Light touch may cause excruciating pain.

The sympathetic nerves are not the usual nerves for feeling pain or sensation. They control sweating and colour changes in the skin. In CRPS there is often an abnormal firing of these nerves secondary to the injury. It can affect a single digit, a single nerve distribution or an entire limb.

Doctors aren't sure what causes some individuals to develop CRPS while others with similar trauma do not. In more than 90 percent of cases, the condition is triggered by a clear history of trauma or injury. The most common triggers are fractures, sprains/strains, soft tissue injury (such as burns, cuts, or bruises), limb immobilization (such as being in a cast), or surgical or medical procedures (such as needle stick). CRPS represents an abnormal response that magnifies the effects of the injury. In this respect it is like an allergy. Some people respond excessively to a trigger that causes no problem for other people

Fractures of a distal radius and ulna are the most common injuries producing RSD. Traumatic or surgical injury to a cutaneous nerve may precipitate RSD or it may occur following surgery for Dupuytren's disease

**The literature does not support a psychological causation. Cigarette smoking is statistically linked to RSD.**



## Who does it affect?

Most patients are between aged 30-55 years (average age 45). Women are affected three times more commonly than men. Cigarette smoking is statistically linked to RSD. Studies report, 80% of patients who are diagnosed within 1 year of injury will improve significantly. However, 50% of patients with untreated symptoms lasting for more than 1 year will have profound residual impairment.



## Can RSD or CRPS be prevented?

Good quality post-operative analgesia and regional anaesthesia for peripheral limb surgery or fracture repair are important. There is good quality evidence Vitamin C 500mg per day taken from the day of fracture and continued for six weeks results in a significant reduction in the incident of CRPS.



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