

Dr Shiva Shankar Tripathi MBBS, MD, FRCA, FFPMRCA

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Qualifications:

MBBS	Dec 1994	The University of Delhi, India
MD Anaesthesiology	April 1999	The University of Delhi, India
FRCA	Dec 2003	Royal College of Anaesthetists
FFPMRCA	Nov 2007	Royal College of Anaesthetists, Faculty of Pain Medicine

Present appointments:

Consultant in Anaesthesia and Pain Management (Nov 2007)
CD for Pain Management & Lead for Research and Neuromodulation
NIHR CRN NWC specialty research lead for Anaesthesia, Perioperative medicine
and Pain Management
Lancashire Teaching Hospitals NHS Foundation Trust, PR2 9HT

University Appointments in the past:

Senior Demonstrator (Physiology)	University of Delhi	March 1995 to June 1996
Clinical Lecturer	University of Liverpool	May 2005 to May 2006
Clinical Lecturer	University of Manchester	July 2008 to July 2011
Honorary Senior Lecturer	University of Manchester	June 2013 to June 2016

Awards/Grants

- Best APEP tutor award for 2017-2018
- Investigator Initiated Study Grant from NEVRO: 2018/19
- Best consultant teacher award: Manchester Medical School, 2014/2015.
- Award for Best PEP Tutor at LTHTR (2014/15):

Acute and Chronic Pain Management

Within the in-patient and out-patient setting, I see a wide variety of pain conditions and am responsible for assessment, diagnosis and management of approximately 300-400 new patients per annum. My usual clinical case load includes: complex regional pain syndrome, musculoskeletal pain syndrome, fibromyalgia, chronic fatigue syndrome, whiplash associated disorder (WAD), complex headaches, failed back surgery syndrome (FBSS), neuropathic pain and post-surgical pain management.

Clinical Interests: My area of clinical interest in acute and chronic pain includes: complex regional pain syndrome (CRPS), failed back surgery syndrome (FBSS), fibromyalgia, chronic fatigue syndrome (CFS), radiofrequency ablation for spinal and non-spinal pain syndromes, persistent post-surgical pain and application of spinal cord stimulator for various pain conditions.

Medicolegal:

I have more than 6 years of experience in preparing reports for injury related legal claims. Recently I updated my excellence in written evidence course (Bond Solon) in June 2019. I have also attended a two-day Premex Annual Conference in November 2019 at Birmingham.

I work around the North West of England. Most of my work is in the field of persistent back and neck pain, particularly after injury and trauma. I also write reports on complex regional pain syndrome. I am able to see a client within 4 weeks and prepare a report within 4-6 weeks of seeing a client.

Research- ongoing:

Title: A phase 1b study investigating the safety, tolerability and efficacy of an investigational medicinal product in the treatment of patients with chronic low back pain

Study Type: Phase 1b, multi-centre, industry-sponsored, randomised, double blind, placebo controlled, prospective

Role: Chief Investigator

Title: A Multi-Centre, Prospective, Pragmatic, Randomized, Controlled Clinical Trial to Compare HF10 Therapy to Conventional Medical Management in the Treatment of Non-Surgical Refractory Back Pain

Study Type: Multi-centre Pan-European, industry-sponsored, randomised, prospective

Role: Principal Investigator

Title: A phase 2a, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Safety, and Tolerability of an Investigational Medicinal Product as an Adjunctive Therapy in Chronic Complex Regional Pain Syndrome

Study Type: Multi-centre, industry-sponsored, randomised, double blind, placebo-controlled, prospective

Role: Principal Investigator

Title: A Clinical Study to Evaluate HF10™ Therapy in Patients with Chronic Intractable Leg Pain

Study type: Multi-centre Pan-European, industry-sponsored, prospective

Role: Co-investigator

Title: Are Inertial Motion Units (IMU) a potential clinical evaluation tool for individuals with chronic simple low back pain?

Study type: Academic, prospective collaborative study with the University of Central Lancashire (UCLAN)

Role: Student project supervisor

Recent Past Research Studies:

Title: A qualitative study to explore the decision-making process of clinicians considering spinal cord stimulator trials and permanent implants for chronic pain patients.

Study type: Academic, funded, qualitative, multi-centre, prospective

Role: Chief investigator

Title: What outcomes are important for patients going for spinal cord stimulator trial?

Study type: Academic, prospective

Role: Student project supervisor

Title: Using patient experiences to develop services for chronic pain.

Study type: Academic, prospective

Role: Student project supervisor

Title of the study: International Surgical Outcomes Study (ISOS)

Study type: International, multicentre, observational study comprising 27 countries, sponsored by the *Queen Mary University*.

Role: Co-investigator

Title of the study: A retrospective study evaluating the trend in the use of opioids in the management of low back pain at RPH between 2010 and 2011

Study type: Academic, prospective

Role: Student project supervisor

Title of the study: Should patients be driving soon after starting the neuropathic pain medications? Assessing the effect of a single dose of amitriptyline or pregabalin on sleep, cognitive functioning and driving hazard perception in chronic neuropathic pain patients.

Study type: Academic, prospective

Role: Student project supervisor

Older study details can be provided on request

Recent Service development projects:

Title : Time-motion study evaluating the cost, system related adverse events (SRAE) and analgesic gaps with Intravenous Patient Controlled Analgesia (PCA) : a service evaluation

Methodology: A time-motion study was conducted to evaluate the costs, SRAE, analgesic gaps, non-value-added activities and potential improvements for IV PCA. The first author consistently observed 14 patients over 121 hours on the Major Trauma Ward and Colorectal Surgical Ward, alternating between 6 days shifts and 5-night shifts over a period of 6 weeks.

Results: The median time spent by health care professionals on managing PCAs over 48 hours per patient was 4.31 hours (range: 3.20 – 7.14 hours). The median total cost was £88.10 for morphine PCA and £99.55 for oxycodone PCA. The SRAE frequently mentioned were hallucinations, pruritus and nausea. 57.1% patients were switched from morphine to oxycodone due to side effects intolerance. The median analgesic gap time was 15 minutes (6 minutes – 720 minutes).

Outcome: A number of changes were implemented following the project; e.g. Drug reminder card to the patient, and reminder for the doctors to prescribe fluids and other meds for patients on PCA.

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Title: Evaluation of the in-patient pain service at Lancashire Teaching Hospitals Trust

Methodology: Patients seen in 2013-2014 as in-patient at LTHTR, following a consultant-initiated pain referral (n=159) were triaged to those who attended the hospital in 2015 on more than 4 occasions. These patients' (n=7) attendances were analysed in detail.

Findings: These 7 patients (frequent attenders) attended the hospital 81 times (73 A&E attendance) resulting in 40 admissions in 2015. They spent 330 days in the hospital. A conservative estimate for just the bed days and A&E attendance was £109,626.

Outcome: This has led to increase in the number of consultant ward round from 1 per week to 3.5 per week and the development of the first Rapid Access Pain Service (RAPS) in the country since October 2018.

Publications:

- M Ting, **S Tripathi**. Time-motion study evaluating the cost of intravenous patient-controlled analgesia: a service evaluation. *Anaesthesia* 2018; 73(suppl.4): 63
- Peter Outlaw, **Shiva Tripathi** and Jacqueline Baldwin. Using patient experiences to develop services for chronic pain. *British Journal of Pain* 2018; 12(2): 122-131
- Bantel C, **Tripathi SS**, Molony D, Heffernan T, Oomman S, Mehta V and Dickerson S. Prolonged-release oxycodone/naloxone reduces opioid-induced constipation and improves quality of life in laxative-refractory patients: results of an observational study. *Clinical and Experimental Gastroenterology* 2018; 11: 57–67
- Gareth P. Jones, **Shiva S. Tripathi**. Oxycodone and Naloxone Combination: A 12-Week Follow-up in 20 Patients Shows Effective Analgesia without Opioid-Induced Bowel Dysfunction. *Pain Ther* 2016; **5**: 107
<https://doi.org/10.1007/s40122-016-0051-4>
- The International Surgical Outcomes Study group. Global patient outcomes after elective surgery: prospective cohort study in 27 low-, middle- and high-income countries. *British Journal of Anaesthesia* 2016; **117 (5)**: 601–9
- Serpell M, **Tripathi S**, Scherzinger S, Rojas-Farreras S, Oksche A and Wilson M. Assessment of Transdermal Buprenorphine Patches for the Treatment of Chronic Pain in a UK Observational Study. *Patient* 2015; DOI 10.1007/s40271-015-0151-y
- Doddrell C and **Tripathi S**. Successful use of pregabalin by the rectal route to treat chronic neuropathic pain in a patient with complete intestinal failure. *BMJ Case Rep* 2015. doi:10.1136/bcr-2015- 211511
- Jones GP and **Tripathi SS**. Successful use of stellate ganglion block and a new centrally acting analgesic with dual mode of action in a resistant temporomandibular joint pain. *BMJ Case Rep* 2014. doi:10.1136/bcr-2013-203308
- Jones GP, **Tripathi SS**, Gilbert S, Bradley S, Halshaw C, and Pelech E. Targinact: An effective opioid combination, without the associated bowel problems. in '*7th world congress world institute of pain*' WIP 2014 Abstract Book, Maastricht The Netherlands, pp. 15

Publications (continued):

- **Tripathi S**, Serpell M, Scherzinger S, Rojas-Farreras S, Oksche A and Smith K. 2014. Low incidence of skin irritancies in patients using transdermal buprenorphine (TDB) in '7th world congress world institute of pain' WIP 2014 Abstract Book, Maastricht The Netherlands, pp. 38
- **Tripathi SS** and Nixon G (2012). Procurement, maintenance and safety of pumps used in acute pain management. In Colvin JR and Peden CJ (3rd ed). Raising the Standard: a compendium of audit recipes for continuous quality improvement in anaesthesia. London. The Royal College of Anaesthetists: 11.3: 316-17.
- Rastogi S and **Tripathi S**. Cardiac arrest following stellate ganglion block performed under ultrasound guidance. *Anaesthesia* 2010; **65**: 1042
- **Tripathi SS**, Hunter JM. Neuromuscular blocking drugs in the critically ill. *Continuing Education in Anaesthesia Critical Care and Pain* 2006; **6(3)**: 119-123

This article was reprinted in the Indian edition of *Continuing Education in Anaesthesia Critical Care and Pain* 2006; **1(3)**: 72-76

- **Tripathi SS**, Sprigge J. Twenty-eight cases of failure to intubate in 8132 obstetric general anaesthetics for more than 22 yr. *Br J Anaesth* 2006; **96**: 287
- **Tripathi SS**. Book review. Pentothal Postcards by DC Lai. *Br J Anaesth* 2005; **95**: 843
- Kumar A, **Tripathi SS**, Dhar D. A case of reversible paraparesis following coeliac plexus block. *Reg Anesth Pain Med.* 2001; **26**: 75-78
- Kumar A, Dhar D, **Tripathi SS**. Pain Management in ICU. *Hospital Today* 2000; **5**: 79 - 84
- Tripathi AK, **Tripathi SS**, Kumar A, Arora SS and Chakrabarty AK. Anti-inflammatory role of lignocaine in patients with chronic painful inflammatory condition. *The Immunologist* 1998; **1**: 512