

# *About pain not so painfully*



<https://www.flickr.com/photos/stevendepolo/4129400323/>

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# *Why we should talk about pain?*

1. For patients undergoing surgery, the fear of uncontrolled pain is a primary concern.
2. Orthopedic surgeries are some of the most painful procedures.
3. Pain is accompanied by anxiety and emotional distress.
4. 86% of patients who report experiencing pain after surgery report moderate to extreme levels of pain.
5. Postoperative pain is one of the major problems with surgery because it is often undertreated

Apfelbaum JL, Chen C, Mehta SS, Gan TJ. Postoperative pain experience: results from a national survey suggest postoperative pain continues to be undermanaged. *Anesth Analg*. 2003;97:534-540.

1999 National Pain Survey. Available at: <http://www.ultram.com/painsurvey/findings.htm>. Accessed August 18, 2005.

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# *Why we should worry?*

## *- impact of surgical pain*

Negative clinical outcomes of ineffective postoperative pain management:

- Deep vein thrombosis (DVT)
- Pulmonary embolism (PE)
- Coronary ischemia (CI) or myocardial infarction (MI)
- Pneumonia
- Poor wound healing / recovery
- Insomnia
- Demoralization
- Chronic pain
- Cognitive dysfunction

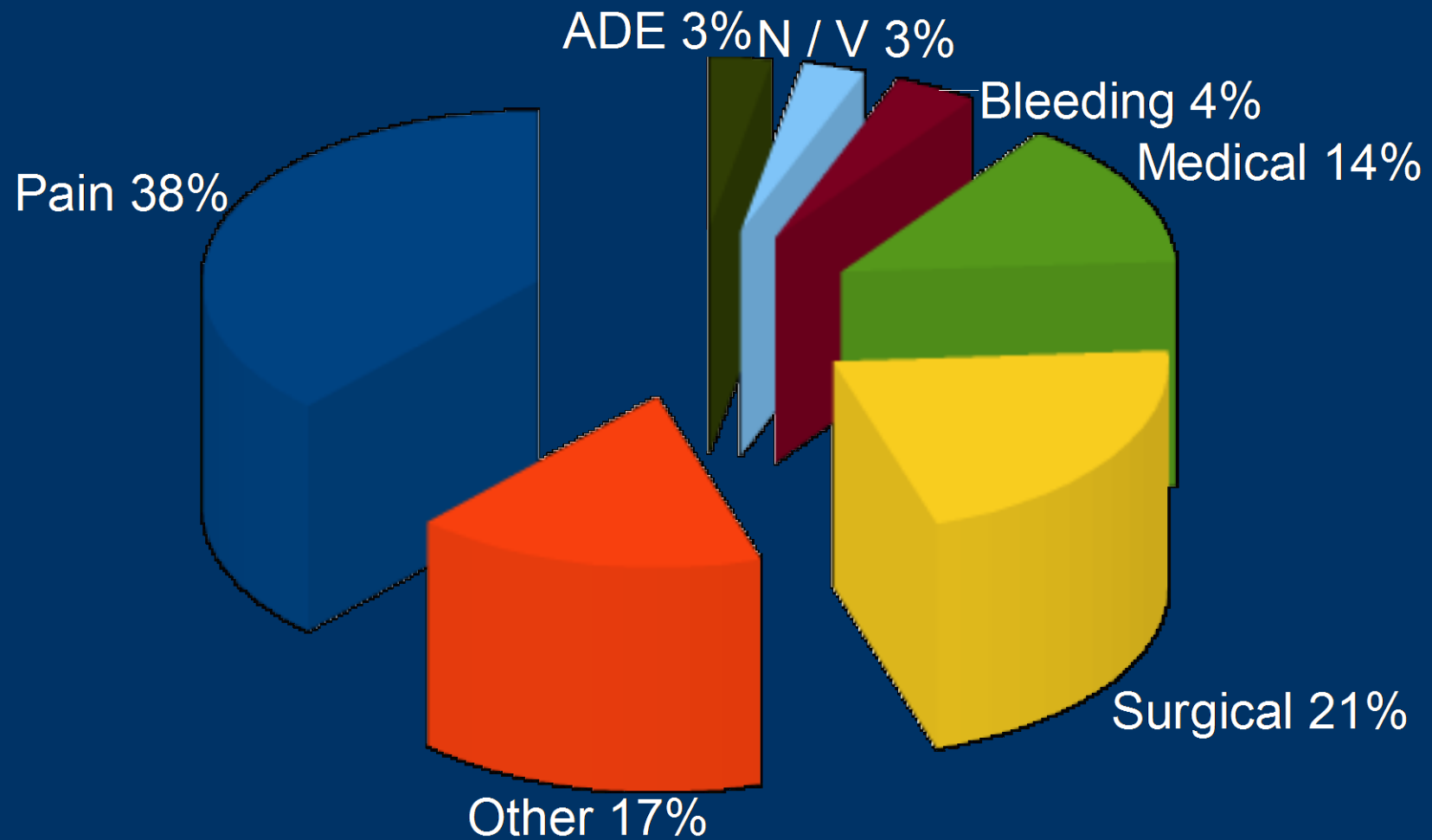
Apfelbaum JL, Chen C, Mehta SS, Gan TJ. Postoperative pain experience: results from a national survey suggest postoperative pain continues to be undermanaged. *Anesth Analg.* 2003;97:534-540.

Kehlet H, Holte K. Effect of postoperative analgesia on surgical outcome. *Br J Anaesth.* 2001;87:62-72.

Carr DB, Goudas LC. Acute pain. *Lancet.* 1999;353:2051-2058.

# *Readmissions after same day surgery – pain is the most common reason (US)*

*Coley KC, Williams BA, DaPos SV, Chen C, Smith RB. Retrospective evaluation of unanticipated admissions and readmissions after same day surgery and associated costs. J Clin Anesth. 2002;14:349-353.*



## *What can we do first?*

Identify the problem:

Ask your patient about pain

Evaluate intensity of pain (use VAS , Numerical scale or other)

Write down it in patient notes every time

Repeat it every round till discharge



A questionnaire study in Danish hospitals:

- patients were not informed about the available methods of post-operative analgesia.

- the intensity of pain was not evaluated according to any scale in 55% of patients on post-op day 1, in 71% on post-op day 2 and in 84% on post-op day 3

- In most of patients (75%), pain was relieved using opioids.

- Non-opioid drugs were not used in appropriate doses, and multimodal therapy was applied in a low percentage of patients,

- the guidelines regarding acute pain management are available in Denmark, but only 14% of patients were treated in accordance with their principles

# *Can we do better? Yes, yes, yes*

Clinical studies have found that recovery is faster and fewer complications are experienced when **postoperative pain is treated aggressively**.

**Optimizing pain control** for the individual patient, ensuring safety, minimizing side effects, maintaining ease of use for staff and patients, and reducing complications.

**Pre-emptive analgesia** is an important part of pain control in orthopedic surgery.

Studies have shown that **the length of surgery** and the period of anesthesia administered to the patient influence **postoperative pain and patient satisfaction**.

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# *What is the best model of pain treatment?*

There are many mechanisms of post-operative pain; therefore, various approaches to post-operative analgesia should be used to improve pain relief and reduce the number of complications.

**MULTIMODAL CONCEPT OF ACUTE PAIN  
RELIEF**

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## *Is any correlation between surgical technique and pain?*

There are 3 categories in which surgical technique can be improved:

- exposure,
- bone preparation,
- and component insertion.

The major contributor to pain is extensive tissue dissection and soft tissue trauma, so atraumatic dissection is the key to prevention or minimization of pain postoperatively.

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## *What can you do as orthopedic surgeons to reduce pain?*

Close collaboration of anesthesiology colleagues is needed to develop **pain protocols**, which are so critical for the success of our procedures.

Therefore, **communication** between the anesthesiologist and the surgeon on multiple aspects is an important step to manage patients.

**“We are not a team because we work together, we are a team because we respect, trust and care of each other.”** -quote has been found in the Internet

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*Thank you*

