

# PAIN & DISABILITY<sup>SM</sup>

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## Process of Effective Pain Management

### Postoperative pain management.

As illustrated in the flow chart (Figure 2), the process of postoperative pain management is ongoing. Following intraoperative anesthesia and analgesia, postoperative pain assessment and management begin. Based on the preoperative plan, postoperative drug and nondrug interventions are initiated. Patients should be reassessed at frequent intervals (not less than every 2-4 hours for the first 24 hours) to determine the efficacy of the intervention in reducing pain. If the intervention is ineffective, additional causes of pain should be considered, the plan should then be reevaluated, and appropriate modifications should be made. Pharmacologic interventions should be titrated to achieve optimal pain control with minimal adverse effects. Ongoing reassessment ensures satisfactory pain relief with the most appropriate balance of drug and nondrug strategies.

### Discharge planning.

Inpatients, as well as ambulatory surgical patients, should be given a written pain management plan at discharge. Pertinent discharge instructions related to pain management include: specific drugs to be taken; frequency of drug administration; potential side effects of the medication; potential drug interactions; specific precautions to follow when taking the medication (e.g., physical activity limitations, dietary restrictions); and name of the person to notify about pain problems and other postoperative concerns.

### Site-Specific Pain Control

Even for a single operation, there may be great variability in the approach to postoperative pain management based on patient factors such as age, weight, ability to understand and cooperate with plans for care, coexisting medical and psychological problems, and idiosyncratic sensitivity to analgesics; intraoperative course, such as size and location of incisions or drain placement or anesthetic management; and institutional resources available for specialized treatment and monitoring in the particular setting.

Despite these variable factors, the clinician can still outline certain pain management options to present to an adult patient whose management is otherwise uncomplicated. Many aspects of pain control are shared between operations on different parts of the body. For practical reference, pain management options for various surgical procedures are presented according to region of the body rather than by the pathophysiological mechanisms involved. In all cases, however, preoperative psychological preparation and medication should be considered, and ongoing postoperative assessment and reassessment of pain should be routine. In this way, pain can be controlled effectively. Vigilance for changes in postoperative pain will trigger prompt searches for diagnostically significant causes of new pain.

