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Controlling pain key to healing war wounds

Morphine should be phased out of use on the battlefield, with research linking it to higher rates of soldiers developing post-traumatic stress disorder, a meeting of anaesthetists and surgeons has heard.

Anaesthetist Dr David Scott, Group Captain with the Royal Australian Air Force and director of the air force health reserves in Queensland said the pain relief given to wounded soldiers on the battlefield plays a critical role in their long-term trauma recovery.

Dr Scott told the meeting that soldiers injured in combat are less likely to suffer from post-traumatic stress disorder if they receive nerve blocks for pain relief instead of the traditional morphine. He said morphine took up to four hours to take full effect and carried side effects that exacerbated long-term emotional and physical complications.

“Acute pain management in the battlefield is very important, for those injured and for everyone who witnesses the injury,” Dr Scott said.

Typical battle injuries included face and neck wounds and wounds to the extremities, with blasts exposing ligament and bone. The faster and more effective the pain relief, the better the chance of everyone at the scene returning to a normal life, he said.

Alternatives included the opioid fentanyl, delivered in a lollipop form which made it easy to control nausea and consciousness and the powerful drug ketamine.

“We have had patients whose pain is difficult to control,” he said.

“Nerve blocks have had a very significant effect on long-term recovery from war injuries. One of the things the research shows us is that good analgesia reduces trauma for all.”

Dr Scott, who has served in Bougainville, Solomon Islands and in Afghanistan has managed hundreds of modern war injuries.

It was the experience of uncontrolled, or not quickly controlled, pain that left as much damage as the physical injury.

“Managing the pain of wounded combatants has been a problem since wars were first fought and evidence from recent conflicts shows that early introduction of effective pain relief leads to improved physiological and psychological outcomes.

“Research from the battlefield has shown that early effective analgesia leads to lower rates of PTSD, faster recovery and a greater likelihood of a functional return to work. The time has come to replace morphine as the first line analgesic drug for the wounded combatant and use agents that work faster and with fewer adverse effects.”

For further information or to interview Dr Bradley, Dr Le Cong or other speakers, please contact ANZCA Media Manager Ebru Yaman on 03) 8517 5303, 0408 259 369 or email eyaman@anzca.edu.au