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## **New techniques help prevent chronic pain after surgery**

About one in 10 people who have major surgery go on to develop chronic pain, but there are now new ways to help prevent it developing.

“In the past, we under-estimated how many people had chronic pain after surgery, and a lot of medical professionals are still unaware of the problem,” says specialist pain medicine physician Professor Stephan Schug.

Professor Schug is the editor of a world-renowned pain treatment guide being launched at a meeting of pain specialists and anaesthetists that starts today.

He says, “We now know that, depending on the type of surgery, it can often help if the analgesic ketamine is used as part of the pain relief after the surgery. It also helps if a regional nerve block is used for the surgery; for example, with chest surgery, an epidural block is better at preventing the development of chronic pain than general anaesthesia and conventional pain relief.”

Following surgery, regional blocks are also better than conventional pain relief at preventing the development of chronic pain following operations for breast cancer. They also reduce severe phantom limb pain in people who have had amputations.

These are among many findings in a 700-page guide for medical professionals that will be launched on Monday in Auckland at the annual scientific meeting of the Australian and New Zealand College of Anaesthetists, which opens today. Professor Schug is the chair of the ANZCA Faculty of Pain Management working group that wrote the fourth edition of the guide - *Acute Pain Management: Scientific Evidence* – which is considered the medical world’s pain treatment bible.

The book summarises, categorises and evaluates the complete literature on the management of acute pain. This fourth edition of the guide emphasises the need to manage acute pain after surgery and trauma, warning that intense pain just after surgery is a consistent predictor that the pain will become chronic.

Other risk factors included the existence of serious pain before surgery, and nerve damage during an operation. Chronic pain was also more likely to develop in younger adults, females, and people who were anxious or depressed.

There is also evidence that “multi-modal analgesia” after surgery – using a combination of different forms of pain relief that work in different ways – helps to reduce complications and improve outcomes, says Professor Schug.

“Instead of only getting morphine, you get a combination of different pain-killers with different mechanisms of action,” he says. “You get better pain relief, need less morphine and so have fewer of morphine’s side-effects, such as nausea, vomiting and constipation, which delay recovery.”

The guide sets the international standard in acute pain medicine and is endorsed by medical organisations around the world.

The guide also covers scientific evidence about other kinds of acute pain – from burns, cancer, spinal injuries or diseases, for example – as well as pain treatment for different kinds of patients, such as children, the elderly and pregnant women.

The guide says that the effect of pain on a person’s psychological well-being can be significant: “Failure to relieve acute pain may result in increasing anxiety, inability to sleep, demoralisation, a feeling of helplessness, loss of control, inability to think and interact with others; in the most extreme situations, where patients can no longer communicate, effectively they have lost their autonomy.”

**For more information or to request interviews, please contact ANZCA Media Manager Karen Kissane on +61 408 259 369 or [kkissane@anzca.edu.au](mailto:kkissane@anzca.edu.au). Follow us on Twitter [@ANZCA](https://twitter.com/ANZCA).**