

Guidelines on the Management of Postoperative Pain

Management of Postoperative Pain: A Clinical Practice Guideline From the American Pain Society, the American Society of Regional Anesthesia and Pain Medicine, and the American Society of Anesthesiologists' Committee on Regional Anesthesia, Executive Committee, and Administrative Council

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All panelists were required to disclose conflicts of interest within the preceding 5 years at all face-to-face meetings and before submission of the guideline for publication, and to recuse themselves from votes if a

conflict was present. Conflicts of interest of the authors and panel members are listed in [Supplementary Appendix 1](#).

Supplementary data accompanying this article are available online at www.jpain.org and www.sciencedirect.com.

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Abstract: Most patients who undergo surgical procedures experience acute postoperative pain, but evidence suggests that less than half report adequate postoperative pain relief. Many preoperative, intraoperative, and postoperative interventions and management strategies are available for reducing and managing postoperative pain. The American Pain Society, with input from the American Society of Anesthesiologists, commissioned an interdisciplinary expert panel to develop a clinical practice guideline to promote evidence-based, effective, and safer postoperative pain management in children and adults. The guideline was subsequently approved by the American Society for Regional Anesthesia. As part of the guideline development process, a systematic review was commissioned on various aspects related to various interventions and management strategies for postoperative pain. After a review of the evidence, the expert panel formulated recommendations that addressed various aspects of postoperative pain management, including preoperative education, perioperative pain management planning, use of different pharmacological and nonpharmacological modalities, organizational policies, and transition to outpatient care. The recommendations are based on the underlying premise that optimal management begins in the preoperative period with an assessment of the patient and development of a plan of care tailored to the individual and the surgical procedure involved. The panel found that evidence supports the use of multimodal regimens in many situations, although the exact components of effective multimodal care will vary depending on the patient, setting, and surgical procedure. Although these guidelines are based on a systematic review of the evidence on management of postoperative pain, the panel identified numerous research gaps. Of 32 recommendations, 4 were assessed as being supported by high-quality evidence, and 11 (in the areas of patient education and perioperative planning, patient assessment, organizational structures and policies, and transitioning to outpatient care) were made on the basis of low-quality evidence.

Perspective: *This guideline, on the basis of a systematic review of the evidence on postoperative pain management, provides recommendations developed by a multidisciplinary expert panel. Safe and effective postoperative pain management should be on the basis of a plan of care tailored to the individual and the surgical procedure involved, and multimodal regimens are recommended in many situations.*

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Key words: *Postoperative pain management, clinical practice guidelines, analgesia, education, multimodal therapy, patient assessment, regional analgesia, neuraxial analgesia.*

More than 80% of patients who undergo surgical procedures experience acute postoperative pain and approximately 75% of those with postoperative pain report the severity as moderate, severe, or extreme.^{12,96} Evidence suggests that less than half of patients who undergo surgery report adequate postoperative pain relief.¹² Inadequately controlled pain negatively affects quality of life, function, and functional recovery, the risk of post-surgical complications, and the risk of persistent postsurgical pain.¹⁶⁵

Many preoperative, intraoperative, and postoperative interventions and management strategies are available and continue to evolve for reducing and managing postoperative pain. The American Pain Society (APS), with input from the American Society of Anesthesiologists (ASA), commissioned a guideline on management of postoperative pain to promote evidence-based, effective, and safer postoperative pain management in children and adults, addressing areas that include preoperative education, perioperative pain management planning, use of different pharmacological and nonpharmacological modalities, organizational policies and procedures, and transition to outpatient care. The ASA published a practice guideline for acute pain management in the perioperative setting in 2012⁶; the APS has not previously published guidelines on management of postoperative pain. After completion, the guideline was also reviewed for approval by the American Society of Regional Anesthesia and Pain Medicine.

Methods

Panel Composition

The APS, with input from the ASA, convened a panel of 23 members with expertise in anesthesia and/or pain medicine, surgery, obstetrics and gynecology, pediatrics, hospital medicine, nursing, primary care, physical therapy, and psychology to review the evidence and formulate recommendations on management of postoperative pain (see [Supplementary Appendix 1](#) for a list of panel members). Three cochairs (D.B.G. [selected by the APS], O.d.L.-C. [selected by the ASA], and J.M.R.) were selected to lead the panel, which also included the APS Director of Clinical Guidelines Development (R.C.).

Target Audience and Scope

The intent of the guideline is to provide evidence-based recommendations for management of postoperative pain. The target audience is all clinicians who manage postoperative pain. Management of chronic pain, acute nonsurgical pain, dental pain, trauma pain, and periprocedural (nonsurgical) pain are outside the scope of this guideline.

Evidence Review

This guideline is informed by an evidence review conducted at the Oregon Evidence-Based Practice Center

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