Acute Pain Management

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KEYWORDS

• Acute pain management • Multimodal analgesia • Multimodal pain management
• Ambulatory surgery • Outpatient surgery

KEY POINTS

- The cost to the patient and society of uncontrolled postoperative pain and chronic postsurgical pain requires a focus on prevention and effective multimodal intervention.
- The ambulatory anesthesiologist should be skilled at regional anesthesia and the application of continuous peripheral nerve catheters.
- The ambulatory surgical setting should make these techniques and their implementation possible.
- Effective communication in the perioperative period among the patient, nursing staff, and providers is necessary for rapid assessment and treatment of a patient's pain.
- The cost of maintaining a formulary with multiple analgesic drug classes and supplies and equipment for regional anesthesia may be offset by revenue in an outcomes-based reimbursement model.

INTRODUCTION

Acute postsurgical pain poses treatment challenges for the anesthesiologist, challenges augmented by the ambulatory surgical setting. The "fifth vital sign," pain, has become a focal point and continues to be a primary determinant of delayed discharge, unanticipated admission, and quality of recovery.[1–5] Although the prevalence of uncontrolled postoperative pain, frequently moderate to severe, has been characterized, the continued cost of uncontrolled pain has led to publication of practice guidelines for its control.[6] Most recently, the American Society of Anesthesiologists practice guidelines for acute pain management establish a paradigm for the more frequent and specific use of multimodal analgesia (MMA) (**Table 1**).[7]

This article updates acute pain management in ambulatory surgery and proposes a practical three-step approach, the "three I's" (**Box 1**), for reducing the impact and incidence of uncontrolled surgical pain. By identifying at-risk patients, implementing MMA, and intervening promptly with rescue therapies, the anesthesiologist may

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Table 1
American Society of Anesthesiologists practice guidelines for acute pain management in the perioperative setting

	Recommendations
Institutional policies	• Anesthesiologists should provide ongoing, up-to-date education and training on the safe and effective use of available treatment options within the institution. Including: ○ Basic bedside pain assessment ○ Nonpharmacologic techniques ○ Sophisticated pain management techniques (eg, regional anesthesia) • Providers should use standardized, validated instruments for the regular evaluation and documentation of pain intensity, therapeutic response, and side effects. • Anesthesiologists responsible for perioperative analgesia should be available at all times to assist in the evaluation and treatment of perioperative pain. • Standardized, institutional policies and procedures should be developed and an integrated approach used for pain management by an anesthesiologist-led acute pain service.
Preoperative preparation of the patient	• A directed pain history, directed physical examination, and pain control plan should be included in the anesthetic preoperative evaluation.
Perioperative techniques	• Anesthesiologists who manage perioperative pain should use therapeutic options, such as central regional opioids, systemic opioid PCA, or peripheral regional techniques after an analysis of the risk/benefit ratio for the individual patient. • The therapy implemented should reflect the individual anesthesiologist's expertise and a respect for the capacity for safe application of the modality in the specific practice setting. This includes the ability to recognize and treat adverse effects from the therapy.
Multimodal techniques for pain management	• Whenever possible, anesthesiologists should use multimodal pain management therapy, regional block should be considered. • Unless contraindicated, patients should receive an around-the-clock regimen of COXIBs, NSAIDS, or acetaminophen. • Dosing regimens should optimize efficacy and minimize adverse events. • Specific medication, dose, route, and duration of therapy should be individualized.

Abbreviations: COXIB, cyclooxygenase-2 inhibitor; NSAID, nonsteroidal anti-inflammatory drugs; PCA, Patient-Controlled Analgesia.

Adapted from American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting. Anesthesiology 2012;116:255–6; with permission.

Box 1
Planning for pain: the three "I's"

Identify patients at risk for uncontrolled postoperative pain

Implement effective preventative multimodal analgesia

Intervene with rescue regional analgesia, additional opioids, or nonopioid agents