



## ORIGINAL ARTICLE

# SECOT-GEDOS consensus on pre-surgical pain management in knee and hip arthrosis<sup>☆</sup>



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### KEYWORDS

Knee and hip replacement;  
Arthrosis;  
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### Abstract

**Objective:** To develop recommendations, based on best evidence and experience, on pain management in patients undertaking total knee or hip replacement.

**Methods:** Nominal group methodology was followed. A group of experts was selected (five orthopedics, one anesthesiologist), who defined the scope, users, topics, preliminary recommendations, and three systematic reviews: efficacy and safety of pre-surgical analgesia regarding to post-surgical pain, efficacy and safety of pre-emptive analgesia and pre-operative factors of post-operative pain. The level of evidence and grade of recommendation were established using the Oxford Centre for Evidence Based Medicine, and the level of agreement with the Delphi technique (two rounds). The Delphi was extended to 39 orthopedics and anesthesiologists. The whole document was reviewed by all the experts.

**Results:** A total of 21 recommendations were produced. They include specific pharmacological treatment, as well as the evaluation and monitoring of patients on this treatment, and post-operative pre-emptive treatment. Agreement above 70% was reached in 19 recommendations.

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**Conclusions:** In patients undergoing total knee or hip replacement, a proper evaluation, follow-up, pharmacological and non-pharmacological treatment of predictors of poor surgical outcomes should be performed, especially those related to pre-operative pain. This can improve post-operative pain and surgery outcomes.

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## PALABRAS CLAVE

Artroplastia;  
Artrosis;  
Dolor

## Consenso SECOT-GEDOS sobre el control del dolor prequirúrgico en artrosis de rodilla y cadera

### Resumen

**Objetivo:** Desarrollar recomendaciones basadas en la mejor evidencia y experiencia sobre el manejo del dolor en pacientes con artrosis de rodilla o cadera e indicación de artroplastia.

**Métodos:** Las recomendaciones se emitieron siguiendo la metodología de grupos nominales. Se seleccionó un grupo director de expertos (5 traumatólogos y un anestesiólogo) que definieron el alcance, usuarios, apartados del documento, posibles recomendaciones, revisiones sistemáticas y se asignaron tareas. Se realizaron 3 revisiones sistemáticas sobre: la eficacia y seguridad de la analgesia prequirúrgica en relación al dolor posquirúrgico; la eficacia y seguridad de la analgesia preventiva, y sobre los factores prequirúrgicos que influyen en el dolor posquirúrgico. Los expertos redactaron los apartados y generaron las recomendaciones correspondientes. El nivel de evidencia y grado de recomendación se clasificaron según el modelo del *Center for Evidence Based Medicine* de Oxford y el grado de acuerdo por técnica Delphi (2 rondas). El Delphi se amplió a 39 traumatólogos y anestesiólogos. El documento completo circuló entre el grupo director para su última revisión.

**Resultados:** Se generaron 21 recomendaciones. Incluye el manejo farmacológico específico, la evaluación y monitorización de estos pacientes que están en tratamiento, y el tratamiento preventivo del dolor posquirúrgico. Existió consenso mayor del 70% en 19 de ellas.

**Conclusiones:** En el paciente pendiente de artroplastia de cadera o rodilla se debe hacer una correcta evaluación, seguimiento y manejo farmacológico y no farmacológico de los factores que predicen un mal resultado de la intervención, en particular del dolor prequirúrgico. Estas actuaciones pueden mejorar el dolor posquirúrgico y el resultado de la artroplastia.

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## Introduction

Total knee (TKA) or total hip arthroplasties are frequent surgical procedures which effectively reduce pain and functional limitation in those patients with arthrosis who undergo them.<sup>1,2</sup> Their popularization in the second half of the 20th century resulted in their being considered one of the most relevant surgical advances of that century.<sup>3</sup> They are now one of the most extensively used orthopedic surgical procedures in Spain and in high demand from patients.<sup>4</sup>

This popularization has resulted in a significant number of patients who are dependent upon the public health service having to wait weeks, months or even years for surgery. By December 31, 2012, there were over 30,000 patients on the waiting list for THA or TKA surgery. These patients probably present with high levels of pain and functional limitations due to the fact their arthrosis has progressed.

Although both THA and TKA are considered successful procedures, a satisfactory outcome is not always possible for all patients undergoing this type of surgery,<sup>5</sup> and up to 30% of patients do not report major improvements in their

quality of life a year after surgery.<sup>6</sup> Several studies suggest that patients who experience high levels of pain prior to surgery obtain a worse outcome and are more dissatisfied with surgery after intervention.

The aim of this document is to draw up a consensus, guided by the Delphi methodology which establishes recommendations on the appraisal, monitoring and treatment of pain in this group of patients with arthrosis, who have been referred for total hip or total knee replacement and are awaiting surgery.

## Methodology

The Delphi methodology was used to establish the consensus. This system is based on presenting a panel of experts with a series of questions, independently and anonymously prepared by a steering group, and through repetitive circulation of the responses of this group, to adjust these questions and establish points of consensus (Fig. 1). The document was entirely prepared by distributing tasks and comments to the parties, aided by three systematic reviews of the literature.

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