

# Perioperative Surgical Home for the Patient with Chronic Pain



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## KEYWORDS

- Perioperative surgical home • Chronic pain
- Perioperative management of chronic pain • Multimodal analgesia • Opioid epidemic
- Perioperative considerations for the opioid epidemic

## KEY POINTS

- Perioperative management of the patient with chronic pain is complex and expensive.
- The perioperative surgical home provides an optimal framework for the management of the patient with chronic pain.
- Multimodal analgesia is a key consideration for management of the complexities associated with chronic pain throughout the perioperative continuum.
- Preoperative patient assessment and optimization, intraoperative multimodal, opioid-sparing analgesia, postoperative management and care coordination, and postdischarge transitions of care are essential components of the perioperative surgical home.

## INTRODUCTION

The delivery of health care in the United States continues to face many challenges with rising costs and a growing body of evidence indicating uneven quality.<sup>1</sup> An aging population, increasing medical comorbidities, and a demand for the latest procedures with no regard to cost or outcomes continues to compound the issue. Our current model of surgical and procedural care is fragmented and associated with wide variability, not only in cost, but also quality.<sup>2</sup> In recognition of the fact that anesthesiologists are at the forefront of coordination and delivery of perioperative care, the American Society of Anesthesiologists has declared support for a paradigm shift in perioperative care, which is now widely known as the perioperative surgical home (PSH).<sup>3</sup> Additionally, chronic pain affects more than 100 million Americans at a cost of approximately \$635 billion.<sup>4</sup> These patients also require surgical and procedural care. The

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PSH framework provides an ideal model for the management of this complex patient population from the decision for surgery to preoperative assessment and optimization, intraoperative care, inpatient postsurgical management, and transitions after discharge.

## OVERVIEW OF THE PERIOPERATIVE SURGICAL HOME

The PSH has been described as a patient-centered approach to the surgical patient with a strong emphasis on process standardization, evidence-based clinical care pathways, and coordinated and integrated care. This model of care helps the patient and their family members to navigate the complexities of the perioperative continuum from the time of decision for surgery to the postdischarge phase.<sup>5</sup> In a 2009 *Health Affairs* editorial, Berwick<sup>6</sup> defined patient-centered care as, “The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one’s person, circumstances, and relationships in health care.” This definition of patient-centered care, as well as the core principles of the PSH, seeks to reframe the concept of value in health care, including surgical and perioperative services, from the perspective of the patient<sup>7,8</sup> (Fig. 1).

## PERIOPERATIVE MANAGEMENT OF THE PATIENT WITH CHRONIC PAIN

It is estimated that 100 million Americans suffer from chronic pain; this astounding number surpasses the combination of diabetes, heart disease, and cancer combined. Studies show that 15% to more than 50% of patients presenting for surgery in the United States consume opioids chronically.<sup>9</sup> The American health care system is currently coping with both an opioid epidemic and a chronic pain epidemic. Consequently, the volume of patients undergoing surgery who have concomitant chronic pain issues and/or opioid use is escalating. It is, therefore, imperative to understand how best to optimize the perioperative management of chronic pain and opioid-tolerant patients, thereby enhancing patient care and lessening the socioeconomic burden.

Chronic pain and opioid-tolerant patients are at risk for inadequate perioperative analgesia for multiple reasons. The US Food and Drug Administration has defined the opioid-tolerant patient as anyone who has used opioids for 7 days or longer (Box 1). Practitioners need to be cognizant of this issue, because the neuroendocrine stress response to uncontrolled acute pain can have significant sequelae. These consequences include an increased risk of myocardial ischemia, impaired respiratory function resulting in hypoxemia and pneumonia, increased incidence of deep vein thrombosis and thromboembolism, decreased gastrointestinal motility, decreased immune function, and poor wound healing (Fig. 2).

## PATIENT IDENTIFICATION

Chronic pain and opioid-tolerant patients require early and aggressive interventions to modify the postsurgical pain trajectory. Anesthesiologists and surgeons need to implement systems to identify chronic pain and opioid-tolerant patients days before surgery and not just minutes before the procedure. Such a process allows care providers sufficient time to:

1. Assess the patient’s pain location and any functional impairment that may compromise surgery, perioperative care, or rehabilitative efforts;
2. Query the current pain medication regimen;

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