

SPEAKER:

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TITLE

Peri/Postoperative Pain Management – AKA ‘Improving pain outcomes after surgery’.

OBJECTIVES

After this presentation participants will be able to:

- Explain the importance of optimizing pain outcomes after surgery.
- Describe what is known about pain outcomes after surgery.
- Apply evidence to prevent and manage pain in children after surgery more effectively.

KEY POINTS

- Despite substantial evidence to guide practice, children continue to have significant pain after surgery.
- In addition to physical and psychological suffering, poorly controlled postoperative pain is associated with longer recovery, increased risk of complications, unplanned admissions to hospital and the development of chronic post surgical pain.
- Pain management after surgery should be planned and organized prior to surgery in consultation with patients / carers, and other members of the perioperative team.
- Pain anxiety contributes to postoperative acute pain intensity; however there is currently little evidence to guide management
- Intraoperatively - balanced multimodal analgesia +/- adjuvant agents, supported by local anesthetic techniques should be provided so that children wake comfortably
- NSAIDs are effective for postoperative pain, and an updated (2013) meta-analysis found no apparent effects on the risk of bleeding after tonsillectomy.
- Dexamethasone reduces PONV and severe pain intensity after tonsillectomy
- Postoperatively - pain must be assessed using validated tools, and documented in order to be prevented, diagnosed and treated.
- Ketamine among other adjuvants are effective analgesics, but are associated with neurotoxicity especially in younger age-groups; balancing risk and benefit is important particularly in neonates and infants.
- Pain management should be appropriate to developmental age, surgical procedure & clinical setting to provide safe, effective pain relief with few side effects.
- Use of the 3’P’s approach (pharmacological, physical, and psychological strategies) should be used to optimize pain management.

- Discharge instructions should be clear to facilitate good pain management at home.
- More research is required to develop safer and more effective pain management techniques.
- Existing evidence needs to be translated into practice by using effective knowledge translation strategies.
- There is a great need to evaluate patient outcomes by embedding QI initiatives into practice.

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