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Postoperative pain management challenges

Fear of uncontrolled postsurgical pain is among the primary concerns of many patients about to undergo surgery. During the past years, new technologies to aid postoperative-pain control have gained widespread use, and formal acute-pain services have evolved in the many of medical centers in our country. The use of patient-controlled analgesia (PCA) pumps has become routine in some hospitals and the extension of epidural analgesia beyond the operating room to control pain in the postoperative period is now common. In more recent years, we have seen the emergence of continuous peripheral-nerve blocks as a promising new approach for improving pain control after a number of specific surgical procedures. As these new technologies have achieved more common use, public awareness of pain management and expectations about pain treatment have risen. The medical community has to work toward a more uniform approach to assessment and treatment of pain through the dissemination of practice guidelines. On the basis of our experiences during these years, peripheral nerve blocks with catheter insertion provide superior analgesia, reduce opioid consumption, and reduce opioid-related side effects (nausea/vomiting, sedation, pruritus). However, several unresolved issues remain concerning the technique. General applicability of techniques is uncertain because of the required level of technical skill to manage these catheters, especially for outpatients. Furthermore, it appears that multimodal analgesia (use of NSAIDs, COX-2 inhibitors, or acetaminophen in combination with IV PCA) does result in an opioid-sparing effect. On the other side, chronic pain after surgery is another significant problem. Many patients report that pain interferes with daily activities after a minor surgery. More intense acute postoperative pain (higher pain scores or more opioid use or both) is a predictor of chronic pain. Perioperative use of adjuvant analgesics may also decrease acute and chronic pain. Many of the pain-treatment modalities we use daily have clear, scientific support for their usefulness in clinical practice. The use of PCA, continuous epidural analgesia, and continuous peripheral nerve blocks clearly improve pain control and patient satisfaction in the postoperative period.

Biography

Farnad Imani is Associate Professor of Anesthesiology, and Chairman of Department of Anesthesiology and Pain Medicine in Iran University of Medical Sciences (IUMS). He is Founder of Academic Pain Fellowship in Iran at 2006, and also, Founder and President of the Iranian Society of Regional Anesthesia and Pain Medicine (ISRAPM) from 2007 until now, and was Chairman of some International Congresses of Interventional Pain Medicine. He is Founder, and Editor in Chief of Anesthesiology and Pain Medicine, which is the official Journal of ISRAPM. Furthermore, he is the Secretary at World Institute of Pain (WIP), Iran section.

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