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Late-Breaking News: "Pain After Surgery" to Be Theme of 2017 IASP Global Year Against Pain



"Pain After Surgery" to Be Theme of 2017

IASP Global Year Against Pain

IASP President Rolf-Detlef Treede and EFIC President Chris Wells have announced the theme for the 2017 Global Year Against Pain will be Pain After Surgery. This project includes resources such as Fact Sheets that will be prepared by the two organizations. Its scope will include acute pain after operation or trauma, as well as the chronification of acute pain. Preparations have begun under the joint leadership of Bart Morlion of Belgium, incoming president of EFIC, and IASP SIG Chair Dan Carr of Boston.

--Robert I. Cohen, MD, Editor, Acute Pain SIG Newsletter

Message from the Chair: Acute Pain SIG Satellite Symposium Approved for World Congress

The Program Committee for World Congress on Pain has accepted the Acute Pain SIG's proposal for a one-day Satellite Symposium titled "[Are Perioperative Opioids Obsolete?](#)" The symposium is scheduled for September 25 in the Pacifico Convention Center in Yokohama, where the Congress will take place.



Dan Carr

The theme of the symposium is timely, given increasing attention to adverse effects of opioids in the immediate perioperative period and continuing later. A top-notch group of speakers and moderators is nearly all confirmed for multiple short talks and repeated opportunities for dialogue during Q&A intervals and coffee breaks, plus a closing reception. Registration is free, and attendance will be capped at about 60 participants; preference for participation will be on a first-come, first-served basis to dues-paying members of the Acute Pain SIG. (SIG membership is \$20 for IASP members.)

*-- Daniel B. Carr, MD
Chair, IASP Acute Pain SIG
Professor of Public Health, Anesthesiology and Medicine
Director, Program on Pain Research, Education and Policy
Tufts University School of Medicine, Boston, USA*

Acute Pain SIG Satellite Conference Agenda, September 25, 2016, in Yokohama

(Draft as of December 21, 2015)

9:00-9:10 Are Perioperative Opioids Obsolete?

Welcome and Opening Remarks: Perioperative Opioids -- from Friend to Foe?
Daniel Carr (organizer)

9:10-10:50 Opioid Adverse Effects: Synapse to Society

Chair: Jane Quinlan

Co-Chair: Esther Pogatzki-Zahn

- F. D'Souza: "Big data" mining frames postoperative opioid issues
- P. Macintyre: Prevention and management of acute opioid adverse effects
- E. Eisenberg (alternative: D. Pud): Acute opioid tolerance/ hyperalgesia -- is it significant?
- E. Michna: Postsurgical outpatient opioid analgesia as a community risk
- S. Walker: Pediatric/ developmental considerations

10:50-11:05 Q&A

11:05-11:20 Coffee Break

11:20-12:20 Opioid Alternatives (I): Behavioral and Integrative

Chair: Robert I. Cohen

Co-Chair: Heather Tick

- B. Darnall: Cognitive-behavioral training
- E. Lang: Hypnosis
- C. Buckenmaier: Acupuncture

- S. Hanser: Music therapy

12:20-12:40 Q&A

12:40-13:30 Lunch Break

13:30-15:00 Opioid Alternatives (II): Drugs/Devices/Delivery

Chair: Babita Ghai

Co-Chair: E. Adriana Desillier

- S. Schug: Update on systemic agents -- overview of the latest ANZCA scientific evidence report
- J. Chelly: Local anesthetics including extended release and peripheral catheters (emphasis: adults)
- C. Berde: Saxitoxin and other prolonged local anesthetics (emphasis: pediatrics)
- M. Smith: Angiotensin-II type 2 receptor antagonists
- W. Schmidt: Soluble epoxidase inhibition
- D. Manning: Transcription factor inhibition

15:00-15:15 Q&A

15:15-15:30 Coffee Break

15:30-17:00 Making Change Happen: Measurements Driving Metamorphosis

Chair: Gillian Chumley

Co-Chair: Brendan O'Donnell

- W. Meissner and/or R. Zaslansky: PAIN OUT data as agents of change -- a case study
- R. Hurley: Beyond the 0-10 VASPI -- CHOIR
- M. Kent: Which perioperative outcomes to measure?
- A. Finley: Does pediatric postop pain control require opioids?
- B. Schachtel: Opioids -- not yet obsolete?
- P. Tighe: "Big data" -- medical informatics to guide postop pathways
- D. Gordon: From quality improvement to system change

17:00-18:00 Cocktail Reception



Ruth Zaslansky

Assessing Quality in Perioperative Pain Management: PAIN OUT and QUIPS

PAIN OUT is an international research and quality-improvement network for health-care providers with a user-friendly, web-based feedback and benchmarking system for the purpose of assessing perioperative pain management and pain-related patient reported outcomes (PROs). The PROs assessment questionnaire is validated and available in 18 languages. Health-care providers worldwide are encouraged to participate in [PAIN OUT](#). The project was established and developed from 2009 to 2013 through an FP7 grant from the European Commission (EC). During 2015, PAIN OUT became an official research group within the European Society of Anaesthesia.

Current participants include the 11 founding clinical consortium partners and eight participants from low to middle-resource countries funded by an IASP grant. An additional 16 collaborators

joined the project since the end of the EC funding period. Of these, six hospitals in Switzerland created a national network; four academic hospitals in the United States take part in PAIN OUT.



Winfried Meissner

During 2015, international presentations occurred in Mexico City, Netherlands, Austria, and Belgium. Health-care providers in Mexico expressed special interest in the project and in the potential benefits that can arise from this type of work. Consequently, PAIN OUT is making plans to establish national networks in countries such as Mexico during 2016.

QUIPS (German Acute Pain Registry) operates in parallel to PAIN OUT, and both projects share team members and methodology. The PAIN OUT repository of 50,000 datasets and the QUIPS repository of 400,000 were merged during 2015, making international benchmarking possible for QUIPS participants while providing access to a larger pool of data for PAIN OUT participants.

Success in feedback and benchmarking of perioperative pain management and outcomes in adults has led to creating similar tools for children. PAIN OUT infant (QUIPSinfant) is used with patients 4 to 18 years old and is currently being piloted in Germany, Switzerland, UK, the Netherlands, and Israel. This module uses the Faces Pain Scale (FPS)-revised for evaluating the PROs.

-- Ruth Zaslansky, DSc
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-- Winfried Meissner, MD
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Select PAIN OUT/QUIPS Publications in Peer-Reviewed Journals 2014-15

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Fourth Edition of Landmark ANZCA Monograph Released



Stephan Schug

The Australian New Zealand College of Anaesthetists (ANZCA) and its Faculty of Pain Medicine (FPMANZCA) have just released the long-awaited revision of "Acute Pain: Scientific Evidence." The fourth edition of a long-running series, the publication was produced over the last two years by an editorial group composed of Greta M. Palmer, David A. Scott, Richard Halliwell, Jane Trinca, and Stephan A. Schug (chair).

As in previous editions, the document summarizes the current status of evidence-based information on the topic of acute pain management. This evidence is summarized in key messages with the corresponding level of evidence and then followed by a detailed and encompassing analysis of the current scientific literature. The document is accessible as a [PDF or a flip book](#). A print version will be made available later in 2016 and can then be ordered as outlined on the website and in the PDF. IASP has endorsed this publication.

— Stephan Schug, MD, FANZCA, FFPMANZCA
Professor and Chair of Anaesthesiology, Pharmacology and Anaesthesiology Unit
University of Western Australia & Director of Pain Medicine, Royal Perth Hospital

IASP's International Pain Registry (IPR) Working Group Activities in 2015

Postoperative Pain-Management Improvement Project

The International Pain Registry and Developing Countries Working Groups are jointly conducting a pilot study to assess whether health-care providers working in low or middle-resource countries can improve management of postoperative pain using a multimodal approach of strategies for continuous quality improvement. Strategies include web-based feedback and benchmarking (based on PAIN OUT methodology), a Plan-Do-Study-Act cycle, expert advice, and best practice discussion. The study takes place in one or two wards within a medical center.

IASP provided funding to cover expenses incurred by participating sites. Of 43 clinician applicants in 2013, the following eight collaborators are expected to complete the program this year.

- Dr. Li Li,* Zhujiang Hospital, Southern Medical University, Guangzhou, China
- Dr. Hongwei Wang, Sir Run Run Shaw Hospital, Hangzhou, China
- Dr. Lim Ern Ming, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- Dr. Jane Rizza Parico, Culion Sanitarium and General Hospital, Philippines
- Dr. Dusica Stamenkovic, Military Hospital, Serbia
- Dr. Adem Btyqui, Prizen Regional Hospital, Kosovo
- Dr. Sean Chetty, Rahima Moosa Mother and Child Hospital, Bedfordview, South Africa

- Dr. Olayinka Olawoye, Ibadan, Nigeria

* Dr. Li Li is piloting the use of a recent Mandarin translation of Professor Ramani Vijayan's book, *Acute Pain Management Handbook for Nurses and Physicians*, at the Zhujiang Hospital.

Train the Trainer – Establishing Pain Schools in Low-Resource Countries.

The project is carried out as a collaboration between IASP's NeupSIG and the IPR working groups, PAIN OUT, and the German Ministry of Health. The project was initiated by Dr Andreas Kopf. The aim is to empower local champions with knowledge in pain medicine. These knowledge-empowered leaders continue the in-country training of health-care providers with minimal input from external experts. Trainees become trainers.

During 2014-15, four pilot workshops were held in Albania, Kenya, Serbia, and Kosovo. In each, 10-12 physicians were trained. Preliminary findings indicate that trainers were able to give one or two talks during the year following their training. Health-care professionals are now able to set up local pain schools by accessing the talks through the project's [website](#).

At the World Congress on Pain, PAIN OUT and the IPR working group will host discussions and workshops, which will be announced shortly.

-- Ruth Zaslansky and Winfried Meissner

Status Report from AAPM AP SIG Calls for Standardization, Collaboration



Michael Kent

Among other noteworthy publications appearing in 2015, an unusually comprehensive update on the state of acute pain research and practice in the United States was issued by the Acute Pain Shared Interest Group (AP SIG) of the American Academy of Pain Medicine (AAPM) in that organization's journal, *Pain Medicine*. While the last decade witnessed a steady progression and dissemination of regional anesthetic procedural techniques, interest in integration at a systems-level of these techniques together with outcome-oriented science in acute pain lags behind.

The AAPM AP SIG convened a working group in 2014 to define the current status of acute pain medicine along with research and education priorities. One of the principal conclusions flowing from this effort was the need to develop not only a formal, universal definition of acute pain but also an ontology of concepts related to its diagnosis, treatment, and context.



Patrick Tighe

With the working group split into two teams (research and education), a framework was developed to organize and prioritize future efforts. The research group's findings emphasized the development of large-scale, multicenter repositories of multidimensional pain assessments. Aside from advancing the science of acute pain medicine, it was felt that such an open-source repository of pain-related data could also spur development of clinical decision support tools to optimize near and long-term outcomes related to acute pain. Concurrently, the education team identified critical gaps in disseminating data on acute pain medicine to third-party payers, hospital administrators, and other systems-level stakeholders.

These efforts culminated in the [Status Report in Pain Medicine](#), which summarizes the findings of the working group and maps a pathway for future collaborative endeavors. Against a backdrop of evolving models of organization and scope of acute pain medicine services, upcoming changes in fellowship training, and efforts to create a universal acute pain ontology, this document serves as a manifesto outlining the mission of acute pain medicine.

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Henrik Kehlet's Latest Overview of "Accelerated Recovery"

The Acute Pain SIG Newsletter rarely calls readers' attention to one article or journal issue. But when one of the pioneers of acute pain management summarizes his latest work and edits timely reports from others in a state-of-the-art single issue of a prestigious journal, we are obligated to make an exception.



Henrik Kehlet

The Danish surgeon Henrik Kehlet has long challenged surgeons and anesthesiologists to develop and implement optimized perioperative care techniques (1). In the December 2015 issue of *Anesthesiology*, Kehlet reiterates this challenge in an editorial (2) that accompanies eight studies from his group and others. These studies report a spectrum of findings ranging from predictive testing to identify patients at risk of postoperative morbidity to evaluation of innovative pathways for "fast track" and "accelerated recovery."

An important positive study finds increased risk for several postoperative complications and, as a result, increased length of stay and higher risk for post-discharge readmission in patients with psychiatric disorders receiving psychopharmacologic treatment (3). A negative study found that an oral dose of the alpha-1 adrenergic agonist, midodrine, administered one hour before ambulation (that is, six hours post-op) did not reduce the risk of orthostatic hypotension (4).

Another important negative finding was reported by his group in the April 2015 issue of the same journal: a week's treatment with the serotonin selective reuptake inhibitor, escitalopram, preoperatively did not reduce the risk for high post-op pain catastrophizing scores (5). Catastrophizing is a major risk factor for pain chronification; encompassed in Dr. Kehlet's challenge is the importance of discovering how to prevent this transition. Together with other recent key publications (see, e.g., the summaries in this issue of the AP SIG Newsletter by Drs. Kent, Schug, and Tighe), this special issue of *Anesthesiology* merits reading by all interested in the latest advances in acute pain.

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2016 Post-Op Pain Guideline Update Supported by ASA, APS, and ASRA

Adding to the global upsurge in interest in acute pain control, the American Society of Anesthesiologists (ASA) has joined with the American Pain Society (APS) to update ASA's 2012 Practice Guidelines. Release of this latest U.S. update nearly coincides with parallel efforts from the Australian and New Zealand Faculty of Pain Medicine also described in this newsletter. The field has now benefited from successive evidence-based guidelines for nearly 30 years since the Agency for Healthcare Research and Quality (AHRQ) released the first Clinical Practice Guideline for Acute Pain Care in 1992.

The current review recruited a panel of 23 experts from many stakeholder disciplines, who developed search criteria from more than 6,000 abstracts and identified 107 relevant systematic reviews and 858 other studies. The panel made 32 recommendations based on expert opinion and rated the evidence for each. Before publication, their findings were reviewed and accepted by the American Society of Regional Anesthesia (ASRA) and a subsequent search, current through 2015, produced no conflicting evidence.

However, of the 32 recommendations, only four were both "strongly recommended" and were based on "high-quality evidence":

- "...offer multimodal analgesia, or the use of a variety of analgesic medications and techniques combined with nonpharmacological interventions, for the treatment of postoperative pain in children and adults..."
- "...provide adults and children with acetaminophen and/or nonsteroidal anti-inflammatory drugs (NSAIDs) as part of multimodal analgesia for management of postoperative pain in patients without contraindications..."
- "...consider surgical site-specific peripheral regional anesthetic techniques in adults and children for procedures with evidence indicating efficacy..."
- "...offer neuraxial analgesia for major thoracic and abdominal procedures, particularly in patients at risk for cardiac complications, pulmonary complications, or prolonged ileus..."

With 11 "strong recommendations" based only on "low-quality evidence," the authors highlight [a concern also raised by Henrik Kehlet](#) (see article above) that there is an urgent need for more studies. [A related article](#) in the same journal issue describes knowledge gaps and research opportunities.

-- Robert I. Cohen