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SIG's Chair Report

Following up on the excellent report that Immediate Past Chair Dan Carr provided in the August 2017 newsletter, this is a further report on most recent and future activities of the SIG on Acute Pain.

In the context of the 2017 Global Year Against Pain After Surgery, the most outstanding event hosted by our SIG was the IASP-EFIC preconference Satellite Symposium, which took place on September 5 in Copenhagen, just before the EFIC meeting. The satellite was a great event with excellent attendance, superb presentations, and enthusiastic discussions. A detailed description of the preconference satellite and brief summaries of the lectures is provided in this newsletter courtesy of Dan Carr and the presenters.

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Acute Pain after Surgery: Lessons from the Last Decade

A summary of the Acute Pain SIG satellite meeting during the recent EFIC Congress, compiled by Dan Carr, Acute Pain SIG immediate past chair

In conjunction with the 2017 Global Year Against Pain After Surgery, IASP’s Acute Pain SIG collaborated with the European Pain Federation (EFIC) to organize and bring to fruition a number of activities and publications. These activities have ranged from Fact Sheets, to publication of the proceedings of a symposium in PAIN Reports, to the upcoming book Pain After Surgery (an updated IASP Press monograph on this topic), to formal endorsement of the Global Year effort by numerous professional organizations.
Minutes of the Acute Pain SIG Meeting, September 5, 2017
Held at the Pre-Congress “Pain after Surgery” Satellite Symposium, Bella Center, Copenhagen

From Within to Without—Time to Move from the Center to the Periphery

Peripheral nerve blocks as a part of postoperative analgesia regimen

Acute postoperative pain is experienced by 80-86% patients, of whom less than half report adequate analgesia. Of these patients in pain, nearly 70-75% report moderate to extreme pain after surgery, and around 60-74% report moderate to extreme pain during the first two weeks following hospital discharge. Despite comprehensive multimodal analgesic regimens, this problem has not been successfully addressed and remains a major challenge for perioperative physicians. Inadequately managed postoperative pain has significant functional, cognitive, emotional, and societal consequences and increases the risk of chronic postsurgical pain.

Pain Education in India: If it Is Hatched from a Swan's Egg

An appropriate way to describe pain education in India for the past half-decade would be to use the swan metaphor. For the neutral observer, it is the graceful aquatic bird that moves with elegance but, perhaps, a bit too slow for their liking. Making it look elegant and graceful are the pain educators, the frantic underwater paddlers, with the enduring belief that a bit more of a push and the swan would move faster. The pain education cygnet has not only grown faster but also has been moving faster.

A Single-Center Experience of a Perioperative Pain Management Improvement Program in a Developing Country: An IASP-Funded Study

Background and aims: Perioperative pain management in low-resource countries is unsatisfactory, just as it is in high-resource countries. The aim of this study was to assess changes in perioperative pain management practices and patient-reported outcomes (PROs) after introducing a change-management program in two surgical wards (orthopedics and urology) in one hospital. Findings here focus mainly on changes in interventions used during surgery, under the responsibility of anesthesiologists and surgeons, and how these were associated with the PROs.