

Post-op pain management improves in past decade, survey shows

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Far fewer patients report serious pain two weeks after surgery.

(HealthDay)—The percentage of American patients who experience serious post-operative pain appears to have fallen significantly over the past decade, a new survey reveals.

How significantly? In 2003, 63 percent of those polled said they struggled with some kind of notable pain two weeks after in-hospital surgery, but in 2014, only 39 percent had similar experiences, according to the survey.

"I should say, first off, that surgery patients generally *will* experience some pain following surgery," noted study author Dr. Asokumar Buvanendran, director of orthopedic anesthesia at Rush University Medical Center in Chicago. "But in the last 20 years, our understanding of the way different classes of pain medicine work has improved, enabling physicians and anesthesiologists to combine different drugs to

better treat the specific needs of each patient. And this has led to a decrease in the incidence of serious post-op pain."

Buvanendran and his colleagues are scheduled to report their findings Tuesday at the American Society of Anesthesiologists annual meeting in New Orleans.

The authors pointed out that American hospitals now perform approximately 45 million in-patient surgeries every year. A survey conducted between 1998 and 2002 found that nearly two-thirds (63 percent) of the 129 patients polled had experienced moderate-to-severe pain during the first couple of weeks following their hospital discharge.

To see whether the patient experience had improved since then, the team conducted a new post-surgery pain survey among approximately 400 hospital inpatients.

All participants were asked to describe the degree to which they were satisfied with the [pain treatment](#) they were given. They were also asked to rank the severity of any post-op pain they were experiencing, ranging from no pain to extreme pain. Both questions were posed before hospital discharge, and then again one, two and three weeks following surgery.

By some measures, the team found little change in outcomes.

For example, comparing the two-week mark in both surveys, the team found no shift in the percentage of patients (just over a fifth in each survey) who said they experienced no pain after surgery.

In addition, patient satisfaction with the pain medications they were offered remained fairly comparable across polls, with 83 percent saying they were "satisfied" or "very satisfied" in 2003, compared with 87 percent in 2014.

However, when it came to moderate-to-[extreme pain](#) two weeks after surgery, the change was dramatic: the proportion of patients experiencing such pain plummeted from roughly six in 10 in 2003 to four in 10 by 2014.

"It's not due to any one drug we're using," Buvanendran explained. "Instead, it's reflective of the more sophisticated understanding we are acquiring of how pain medications actually work best."

"So for example, if you have an appendectomy, you used to get 10 mgs of morphine for pain control. But today, we know we can give a drug like Motrin, combined with Tylenol, combined with, say, just five milligrams of morphine. And the advantage of that is that you are able to give a range of drugs that all work in different spots. And that actually decreases the amount of narcotics used while improving pain control," he said.

"So, I would say that these results reflect a broad national trend," he added. "And it's one that I think will actually continue to improve with time."

Dr. Richard Rosenquist, chairman of the pain management department at the Cleveland Clinic and chair of the American Society of Anesthesiologists' committee on [pain medicine](#), agreed.

"What we had for many, many years was relative under-treatment of pain," he said. "So everybody that came in got a shot of [the narcotic] Demerol in the back side, and that was it. Everybody got the same dose, frequency and amount. And that doesn't really work because we all come in with different needs, and there are many different pathways that carry pain messages."

"So now it's not only more specific for the surgical procedure," he

added, "but also customized for the patients themselves. So if you're a 25-year-old male coming in, you're going to be different than an 85 year-old coming in, and we're going to treat you differently. And a patient getting thoracic surgery will get different [pain](#) control than someone coming in for abdominal surgery."

More information: Visit the [Cleveland Clinic](#) for more on pain management after surgery.

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