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## Chronic post-surgical pain (CPSP) in patients with no pre-surgery pain or pain history

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Chronic Post-Surgical Pain (CPSP) is a recognized phenomenon, considered a complication of surgery. CPSP affects quality of life with a marked increase in the need for health services and high economic costs. Recently a new definition is suggested including four elements necessary for defining CPSP: pain develops following surgery, lasts at least two consecutive months, the patient has no chronic pain from another source, and no pre-surgery pain. This study examined the incidence of CPSP, following two types of surgical procedures in patients undergoing their first surgery, with no pre-surgery pain or disease history involving chronic pain. The study focused on pain management during and following surgery, and investigated the effect of treatment on the development of chronic pain. It also investigated the impact of early discharge on the patient's coping with self-treatment. The descriptive research was approved by the local Helsinki Commission (0150-09-KMC), and included a sample of 71 patients of genders, aged 25-67, undergoing open inguinal hernia repair or laparoscopic cholecystectomy under general anesthesia. The patients were discharged one day after the procedure, signing an informed consent form to participate in the study. Data was collected from medical records and a telephone interview conducted 3 months post-surgery. The results indicated low use of health services and no incidence of CPSP in patients who had surgery for the first time, with no disease history involving chronic pain. Study results reinforce other research hypotheses about the importance of perioperative treatment and prevention of central sensitization. The contribution of this study concerns continuation of treatment after discharge. Implementation of research results: For hernia repair patients, a week of round the clock medication and rescue medication as needed is recommended, detailed instructions with emphasis on the importance of continuing treatment. For cholecystectomy patients, continuing treatment is recommended for several days.



**Figure 1:** There was a statistical difference in pain days found between the procedures. ( $p=0.005$ ) 65.6% of hernia patients reported pain continuing for a week. Only 5 patients (15.6%) reported pain continuing for two weeks. One-third of cholecystectomy patients reported no pain following discharge. 30% reported on a few pain days (2-3 days), and 28.2% reported on pain continuing for a week. Only one patient reported on pain continuing for a month (following cholecystectomy). No patient reported pain continuing more than a month.

### Biography

Bell Almog is an Acute Pain Coordinator, for the last 17 years, responsible of the pain management field within the medical center. She is responsible for initiation and implementation of evidence based protocols among all departments include in discharge. She initiated two pain studies, participated in two others, and managing 7 quality processes to improve pain treatment and management.

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