

LECTURE PRESENTATION

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The pharmacological approach to the treatment of the "day surgery related" pain

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Background

Pain is one of the complications that most often interfere with patient discharge after interventions performed on a day surgery basis. During the first postoperative hours, up to 40% of patients may experience moderate or severe pain, leading to delayed discharge or unplanned overnight hospitalization [1,2]. The use of a multimodal postoperative treatment plan is recommended. The combined effects of NSAIDs and/or paracetamol, weak opiates (codeine, tramadol) and local anesthetics administered and/or injected by various routes during the perioperative phase should be taken into account. To permit rapid discharge, the possible use of NSAIDs with a prevalent impact on COX-1 and potent opioids at recommended therapeutic doses should take into account potential adverse effects (gastric bleeding and/or bleeding of the surgical wound site, NSAIDs induced renal damage, respiratory depression, delayed canalization, nausea, vomiting, excessive sedation, difficulty in urinating, pruritus induced by potent opioids, postoperative hyperalgesia resulting from elimination of rapid half-life intraoperative opioids such as alfentanil and remifentanil) [1-3].

Conclusions

The prescriptions should be clear, include preferably oral medications and a treatment regimen with regular times and dosages, followed by rescue dose of a second drug to be administered if the pain becomes intolerable (VAS >5 or intense pain on a simple verbal scale). Ideally, the patient should be motivated to maintain the contact with the reference center.

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