

PAIN

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outline

- Pain assessment
- Acute pain
- Treatment options
- Postoperative Pain
- Practical tips

Pain assessment







- Onset: sudden, sub-acute, chronic, at night, with movements
- Locations
- Type: burning , cramping , radiating, spasmodic
- Aggravating and relieving factors
- Intensity: verbal, visual analogue, numeric

VAS

MODERATE

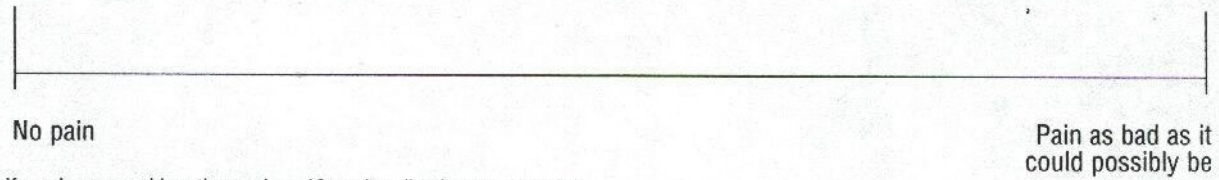
UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	NO PAIN		MILD PAIN		MODERATE PAIN		MODERATE PAIN		SEVERE PAIN		WORST PAIN POSSIBLE
WONG-BAKER FACIAL GRIMACE SCALE											
ACTIVITY TOLERANCE SCALE	NO PAIN		CAN BE IGNORED		INTERFERES WITH TASKS		INTERFERES WITH CONCENTRATION		INTERFERES WITH BASIC NEEDS		BEDREST REQUIRED
SPANISH	NADA DE DOLOR		UNPOQUITO DE DOLOR		UN DOLOR LEVE		DOLOR FUERTE		DOLOR DEMASIADO FUERTE		UN DOLOR INSOPORTABLE
TAGALOG	Walang Sakit		Konting Sakit		Katamtamang Sakit		Matinding Sakit		Pinaka-Matinding Sakit		Pinaka-Malalang Sakit
CHINESE	不痛		輕微		中度		嚴重		非常嚴重		最嚴重
KOREAN	통증 없음		약한 통증		보통 통증		심한 통증		아주 심한 통증		최악의 통증
PERSIAN (FARSI)	بدون درد		درد ملایم		درد معتدل		درد شدید		درد بسیار شدید		بدترین درد ممکن
VIETNAMESE	Không Đau		Đau Nhẹ		Đau Vừa Phải		Đau Nặng		Đau Thệt Nặng		Đau Đớn Tận Cùng
JAPANESE	痛みがない		少し痛い		いくらか痛い		かなり痛い		ひどく痛い		ものすごく痛い

Vas

c. Visual Analog Scale (VAS)²



¹ If used as a graphic rating scale, a 10 cm baseline is recommended.

² A 10 cm baseline is recommended for VAS scales.

History and Clinical examination

- Take a full history
- Include social history
- Examination of organ where pain is localized
- Signs of underlying disease (cough, diarrhoea, dysuria..)
- Necessary investigations

Acute pain treatment

- Depends on nature and intensity of pain
- Pharmacological methods: systemic or local treatment options
- Physical methods
- Psychological methods

Pharmacological Methods

NSAID and ASA

- Cheap
- anti-inflammatory action
- Peripheral action
- Inhibit platelet aggregation
- Renal toxicity
- GIT side effects
- Ibuprofen, indomethacin, diclofenac

Pharmacological Methods

paracetamol

- Cheap and readily available
- No effect on platelet aggregation and GIT
- Central action
- Parenteral, rectal and oral preparation
- Hepatic toxicity

Pharmacological Methods

Cox-2 inhibitors

- Expensive
- Contraindicated in ischaemic heart disease
- No GIT side effects
- No inhibition for platelet aggregation

Pharmacological Methods

Weak opioids

- May not need special licence
- Analgesic ceiling
- Side effects
- Codeine, tramadol

Pharmacological Methods

Strong opioids

- No analgesic ceiling
- Need special licence and register
- Usual side effects
- Morphine, pethidine

Drug combinations

- Codeine-paracetamol 30/500

Pharmacological Methods

Analgesic ladder

- developed by WHO
- According to pain intensity
- Step I: mild Pain VAS 0-3
- Step II: moderate Pain VAS 4-6
- Step III: severe Pain VAS 7-10

Step I

- Paracetamol or NSAID
- If necessary then increase to maximum dose
- Combination is more effective than Paracetamol or NSAID alone

Step II

- Add weak opioid to combination
- If step I is insufficient do not wait too long

Step III

- Add strong opioide analgesic
- Prevent side effects

Pharmacological Methods

Local analgesia

- Topical anaesthesia
- Infiltration
- Nerve blocks
- Central blocks

Physical methods

- Surgery/neurolysis
- Cold
- Elevation
- TENS
- acupuncture

Psychological methods

- Hypnosis
- Placebo!
- Relaxation
- Cognitive therapy

Goal of acute pain therapy

- **Decrease the frequency and / or severity of the pain**
- **General sense of feeling better**
- **Increased level of activity**
- **Return to work**
- **Decreased health care utilization**
- **Elimination or reduction in medication usage**
- **Reduce the risk for sensitization and Chronic Post Surgical Pain**

Important factors in postop pain

- Site and type of surgery (upper abdo>lower abdo>peripheral surgery)
- Age/Sex/Body weight
- Psychological factors (personality, social background, culture and motivation)
- Pharmacogenetic variability
- Preoperative opiate use

Practical tips

- The patient is always right
- Oral forms of medication preferred
- Give at a fixed interval (not on demand)
- Combination of analgesics
- Prescribe rescue medication
- Prevent side-effects
- Use few drugs but know them well
- Consider comorbidity and interactions
- start early (preop or intraop)

The background features a gradient of blue on the left side, transitioning into white on the right. Several bright, diagonal lines of light cross the frame, creating a sense of movement and depth.

Thank you