



by Mark Ransom, MD

NEW TRENDS

in Outpatient Pain Relief

Years ago, going in for surgery often meant long hospital stays and long recovery times. Today, improved surgical techniques and training make even large and invasive surgeries possible as outpatient or “ambulatory” surgical procedures. Many of these same patients would not have been considered candidates for outpatient surgery in the past. A number of reasons are responsible for this trend, including new methods of pain control.

A SHORT HISTORY

Strong narcotics such as opiates form the backbone of pain control, as they have for decades, although they’ve become increasingly specialized. Newer, shorter-acting versions can be tailored to the specific surgery. Given through an IV in the operating room or recovery room, they offer quick pain relief, allowing time for oral medications to take effect. These agents were typically used before, during and after surgery while converting the patient to oral medications. Side effects including nausea, allergic reactions, constipation, restlessness and anxiety, however, often limit their use with many patients.

Now, new advancements in pain control and alternatives to strong narcotics allow ambulatory surgeries to become more commonplace.

NERVE BLOCKS

For example, the option of alleviating pain through regional anesthesia or “nerve blocks” works well in outpatient settings. Regional anesthesia “numbs” the affected area and frequently provides total analgesia (relief of pain necessary to perform the surgery). Nerve blocks can be used to selectively “deaden” an extremity such as a foot or shoulder. They’re commonly placed with either a nerve stimulator or an ultrasound

machine, which allows for safe and selective placement of the blocks. This increases the speed with which these blocks can be placed, thus increasing patient comfort. The patient also requires a smaller amount of narcotics and, therefore, experiences fewer side effects. Some centers are using continuous catheters to prolong the effect of the nerve block to several days. The patients may be sent home with the catheter in place and managed at home.

COMBINATION RELIEF

A third option for outpatient pain control called “multimodal analgesia” works as more of a complementary use of medications to decrease pain. A combination of different classes of analgesics works to provide pain relief. Each medication plays a different role. This allows the practitioner to use several drugs that control pain instead of relying on one single medication. Non-steroidal anti-inflammatory agents such as Torodal, ibuprofen and Celebrex are often used, and the list is expanding.

Ongoing research into complementary approaches currently under study include hypnosis, electrical stimulation and acupuncture for pain reduction. In addition, the development of new medications, such as long-acting local anesthetics, may play a role in the future of pain control.

Outpatient surgery provides many evolving techniques and practices to combat pain. Your surgeon and anesthesiologist will work together to decide which is the best approach to ensure the best possible outcome from your procedure.