

Chronic post-operative pain: the neglected disease

Dor pós-operatória crônica: a afecção negligenciada

Postoperative pain, due to its somatic and psychological repercussions, is directly or indirectly responsible for immediate morbidity or even mortality. However, it is still inadequately, insufficiently or lately treated. In our opinion, this is the genuine trivialization of postoperative pain, represented by the indifference to the suffering of others, minimization of its consequences and therapeutic negligence or omission.

Its control, in addition to obvious humanitarian motivations, limits the incidence of complications, decreases hospital stay and corresponding costs and, by the faster recovery of patients' productive capacity, decreases the burden of such inactivity for the supporting institution or the community itself¹.

However, the objective of preventing and treating postoperative pain should not be to radically eliminate it, since this would increase dose-dependent risk and side effects, would abolish some advantages of the neuroendocrine-metabolic and immune response to the surgical procedure and would eliminate its respiratory activity stimulation function. The prophylactic and therapeutic purpose should then be restricted to minimizing acute pain, that is, to make it really tolerable, allowing patients to live with it in relative harmony.

In the last decade of the 20th century, research has discovered the pathophysiology of postoperative pain chronicity, that is, its transformation from symptom into a specific disease due to complex, interdependent and interactive peripheral and central mechanisms. Peripheral mechanisms are essentially due to nociceptors sensitization, caused by intense and long-lasting stimuli and by ectopic discharges triggered by afferent nerves injury. Central mechanisms are fundamentally determined by medullar synapses sensitization, determined by nociceptive block and neuroplasticity, which implies physiological and structural changes especially in the spinal cord dorsal horn².

This knowledge should make anesthesiologists, surgeons, managers and insurance companies more aware, which in turn would give origin to changes in attitudes and care with its prevention (preemptive analgesia)³ and with its immediate and effective control. These behaviors, motivated not only by compassion feelings, the more justifiable they might be, would result in morbidity, mortality and correlated chronicity prevention, as well as in decreased losses and costs which could be perfectly circumvented.

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