

Pain treatment presentation and manual have not changed the prescription of analgesics in the postoperative period of gynecological surgeries

Palestra e manual sobre tratamento da dor, não alteraram a prescrição de analgésicos no pós-operatório de cirurgias ginecológicas

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Mr. editor,

The above-mentioned article, by Livia Gabriela Truvilho Giancoli, Maria Angélica Ferreira Leite Azevedo Fonseca, Elton Constantino, Oscar Cesar Pires e Irimar de Paula Posso, carried out in the University of Taubaté, makes clear the difficulty to change physicians' root concepts to adequately treat acute postoperative pain.

The authors make clear that analgesic planning for acute postoperative pain is critical for its effective control, because when postoperative pain is not adequately managed it brings noxious body changes.

In addition to analgesic planning to manage postoperative pain being critical for its effective control, to improve patients' assistance quality and to speed their recovery, it is often neglected, especially because there is the belief that postoperative pain is not harmful for patients or that it is a normal surgical consequence. There is also fear that pain relief may mask diagnosis or signs of adverse events, added to the lack of knowledge about the huge variables of analgesic needs and the lack of regular and frequent pain evaluation. One may also mention lack of knowledge about analgesics pharmacokinetics and pharmacodynamics, and also fear of opioid addiction and the exaggerated concern with opioid-induced respiratory depression, which have led patients to feel unnecessary postoperative pain.

In their prospective study they have evaluated the change in analgesics prescription in the postoperative period of gynecological surgeries before and after the presentation of a symposium and the distribution of a pain management manual to assistant and resident physicians and to medical students of the fifth and sixth years of that University.

Results have shown that pain intensity evaluated by the numerical pain scale was moderate or mild in the three studied groups, however with regard to medical prescription there were no significant changes in the three study groups, prevailing the combination of the common analgesic dipirone with non-steroid anti-inflammatory drugs ketoprofen or tenoxicam, with very low use of opioids.

Opioids were not so often used because pain was mild or moderate, however opioids' side-effects phobia and the need for a trained nursing team to early identify potential complications and to timely act faced to life threatening complications, certainly has created the culture of using opioids only as the last resource, when pain is no longer bearable. Physicians and nurses' education should be focused on removing the prejudice with regard to this class of analgesics, indicated as one component of multimodal analgesia whenever pain is moderate or more severe.

Since gynecological surgeries have a relatively low pain potential, gynecologists are more familiar with the use of non-opioid analgesics, but pain of those patients should be more carefully managed, taking into consideration that painful perception differences related to gender and to pain inhibitory system hypoactivity in females may be associated to hyperalgesia in females, in addition to their previous pain experience and anxiety with regard to surgery.

The results of this study, in addition to confirming other national and international studies, show the need for effectively including the study of pain in medical and nursing courses curricula and for well structured campaigns to teach professionals who manage patients in the perioperative period on how to adequately manage acute postoperative pain, which has an appointment to start and may be adequately controlled with attention and care to patients.

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