

Introduction to “Current Concepts in Pain Management in Plastic Surgery”

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Despite its classification as the “fifth vital sign,” pain management has largely been relegated to an afterthought in surgery. Common pain management protocols usually are opioid-based, “cookie cutter” approaches that lack understanding of current literature, differentiation between acute and chronic pain, and customization to patient surgical procedures and responses. Perhaps it has taken changes to healthcare law and quality of care evaluations within healthcare systems that emphasize the patient satisfaction component (and, of course, associated financial implications), to bring pain management back into focus across the medical landscape. Regardless of the reason or incentive, however, pain management is a “hot topic” in plastic surgery and across other surgical disciplines. In the spirit of multidisciplinary efforts that are the sine qua non of plastic surgeons, this pain management supplement is born. Experts from across anesthesiology and plastic surgery were solicited to author current, relevant articles that cross-pollenate concepts and bring them down to the level of day-to-day clinical impact. The table of contents was brainstormed to craft a comprehensive, robust Supplement that serves as a “one-stop shop” for current concepts in pain management. Each article serves as its own self-contained slice of the pain management pie, but taken on the whole, the entire Supplement serves as a deep dive into the subject that is meant to be informative, evidence-based, and thorough.

Although each article has its own conclusions, several common themes can be drawn from the entire body of work presented within. These include the following:

1. Multimodal analgesia that relegate opioids to an adjunctive or “rescue” role have proven benefit in terms of better pain control, less postoperative nausea and vomiting, faster intestinal recovery, shorter lengths of stay, and fewer complications such as falls.
2. Multimodal analgesia requires customization to the patient and the procedure and is not meant to be a “kitchen sink” or “shot-gun approach” for all patients.
3. Neuraxial analgesia such as epidural and paravertebral as well as peripheral nerve blocks can provide safe, effective amelioration of pain with few side effects and are largely underutilized in plastic surgery.
4. Field blocks such as transversus abdominis block are well tolerated and efficacious but are technique dependent.
5. Systematic extensive surgical site infiltration with long-acting local anesthetic provides excellent pain relief and can be a major component of multimodal analgesia techniques. The availability of liposomal bupivacaine can extend the duration of analgesia for up to 72 hours. However, attention to proper infiltration technique is essential to attain the maximum benefits.
6. Adjuncts such as topical anesthesia, cooling mechanisms, and vibration can successfully supplement pain management regimens in office-based procedures.

At the end of the day, happy patients who have favorable impressions and recollections of their surgeries are the end goal. Pain management can no longer stand in the shadows. The light shined on this subject through this Supplement provides data,

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structure, blueprints, and recipes for improved patient experiences. Working together across disciplines, we bring you the Pain Management in Plastic Surgery Supplement. It will change your thought process and, more importantly, your practice.

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