

Post-op Pain Management on a Chronic Pain Patient

Why should the surgeon manage his patient's post-op pain?

The Surgeon is uniquely qualified to determine the amount of post-operative pain to be expected on a procedure or surgery that he/she has performed. Even with similar surgeries, the surgeon's perspective on expected pain is unique, since he/she performed the procedure and knows the degree of difficulty and/or tissue damage involved in each particular case. The surgeon is also up to date on events such as blood loss, intraoperative complications, and PO (*per orum*) status that may influence not only the patient's dose and schedule, but route of administration as well.

How about telling chronic pain patients to just double up or increase their usual pain medication intake to compensate for the increased pain?

This is a bad idea since it will lead to the patient running out of his/her usual medications early and this may create a problem at the level of the insurance, which supplies medications based on the amount and schedule stated on the prescription. Running out early may trigger an event where the refill is denied by the insurance company and/or pharmacy. In addition, this practice provides a very poor paper trail as to why this patient ran out of medication early. In addition, from the perspective of the pain physician, it creates a nightmare in the accounting of the patient's medication.

So, what should I do as a Surgeon when confronted with a patient that needs surgery and already takes a significant amount of pain medicine for their chronic pain, which may or may not be related to the surgery I have to perform?

This is what you do:

1. Do not mess with the pain medications prescribed by the pain specialist. These simply allow for the patient's chronic pain to be under control, so as to bring that patient down to the level of an average individual.
2. Treat the patient as if they had no chronic pain and as if they were taking no other pain medications. For example: If you would have prescribed Hydrocodone/APAP 5/325 1 to 2 tablets PO q4-6 hrs **PRN** for pain #15, for an average patient after that particular surgery, then do the same for the chronic pain patient.
3. Talk to the patient about the medication, just like you do for anyone else. Do not assume that they are experts in opioids. Make sure you let the patient know that the medication is to be used only if absolutely necessary. (**PRN**)
4. Prescribe the medication for as long as you would on any other patient undergoing that type of surgery and no longer.
5. Notify the patient's pain physician that the patient required surgery and that you provided the post-op pain medication by simply sending him a copy of the operative report with a statement saying that post-op pain medication was provided.

If you have any questions, please feel to contact us at **(336)223-8333**.

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