

## Acute Pain Services: Recognizing the Reality!!

Acute pain is probably one of the most feared symptoms in patients undergoing surgery. It is also one of the most neglected issues in postoperative period. Effective acute pain management is an important component of quality patient care. Impact of unrelieved pain is known to all physicians, which may include most of the major systems in the body with an added disadvantage of delayed recovery.<sup>1</sup>

Vijayan<sup>2</sup> conducted a six countries questionnaire survey and reported that in India <30% patients receive adequate acute pain relief. Acute pain service (APS) is an emerging concept in India. However, the need for APSs that will manage all kinds of acute pain cannot be underestimated. American Society of Anesthesiologists<sup>3</sup> has laid down some guidelines for managing acute pain too. In developing countries the development of APSs is on the focus. In the last 2 decades, the term "developing countries" has been used largely to identify countries that have not yet reached the sophisticated status of industrialized nations, such as those of Western Europe and North America. Many countries, particularly in Asia and South America, have shown trends toward a higher human development index in the last decade<sup>4</sup> and now have the potential to allocate more resources to pain management.

Acute pain service is defined as dedicated health care personnel-driven service that assesses, monitors, and treats pain and side-effects of pain medications, on a 24-hour basis. Audits are performed to evaluate the efficacy of pain service. Royal College of Surgeons and College of Anesthetists working party report on pain after surgery recommended that APS should be introduced in all major hospitals performing surgery in the UK. Nearly, all major hospitals in North America, Europe, and Australia have vibrant APSs.<sup>1,5</sup>

In India, APS is still in a fetal period. To implement and improve APS, institutions and hospitals have to take a step forward. Anesthesiologists are the main key person in relieving intraoperative as well as postoperative pain. However, a sad story of Indian scenario is that postoperative pain is mostly managed by the nonanesthesiologists in the respective postoperative wards. A survey by Jain et al<sup>1</sup> showed that in only 45% hospitals, anesthesiologists were involved in postoperative pain and nonanesthesiologists (55%) like surgeons or nurses were mainly responsible for pain management in the wards. Most of APSs are run in corporate or big teaching hospitals. Epidural analgesia is the commonest mode of analgesia used for postoperative pain often with opioid boluses by

the concerned operation theater anesthesiologists. Acute pain service is still not well organized in India, even though the anesthesiologist takes care of postoperative pain relief in major surgical procedures as well as takes care of the surgical ICU.<sup>6</sup>

Much more disheartening observation is that pain training is not imparted in 29% of APSs and 50% do not have any written protocols to follow. In 60% of APSs, pain is not measured regularly. Therefore the quality of services provided by APS is also questionable.<sup>1</sup>

However, a busy hospital environment, paucity of staff, inappropriate attitude, and inadequate knowledge of pain management remain the main barriers for pain management. In many hospitals anesthesiologists are overwhelmed with their responsibilities in the operation theater with little time to spare for postoperative pain visits.<sup>7</sup>

Acute pain during childbirth is a well-recognized cause of pain in women. Cultural beliefs and ethnicity are known to influence the perception of pain and such factors can play a vital role in how a woman copes with pain in labor.<sup>8</sup> Epidural analgesia is considered to be the most effective technique for controlling labor pain. However, monitoring an epidural patient in labor throughout the process is labor intensive and a dedicated team is required. Here comes the role of the APS, there may be other factors influencing labor analgesia, but as far as APS is concerned, it has the most important role to play.<sup>2</sup>

Pain management in an emergency department is also a raising issue, especially pain in acute trauma. Two reports, one of them a multicenter study from France, showed that acute pain was not adequately treated, that pain intensity was not sufficiently reassessed, analgesics were underutilized, and delays in treatment were common.<sup>9,10</sup> Given the barriers found in developing countries, it is not surprising that a study in a teaching hospital in Nigeria revealed that analgesia was not prescribed in 45% of acute surgical cases and that even when preoperative analgesia was provided, it was inadequate in the majority of patients.<sup>2</sup>

The need of the hour is to overcome the barriers. We need to train our doctors, nurses, paramedics, and form an APS team, which will work round the clock to alleviate acute pain. Anesthesiologists should come forward and lead the team, not only when epidural catheter is placed, but also for those patients who does not have an epidural catheter but do have significant pain.

To overcome the barriers, to start and run APSs, we need to be aware of our own doctors, nurses, and paramedics about acute pain. We need to improve resources, make available potent analgesics, and take educational initiatives, monthly audit to strengthen the services. But, the hope to treat acute pain effectively and functioning of acute pain services is still on and it will remain so.

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