As anesthetists involved in a pain management service, we wish to raise our reservations about some of the opinions expressed by Dr. Michael Gross in “Patients in pain: Who should be responsible?”

The first principle of postoperative pain management should be optimal treatment to reduce pain. Pain services and guidelines for the management of acute pain were developed in response to the need for improved pain control in patients, and not to remove the responsibility of patient management away from the surgeon. Pain management remains among the top priorities to improve patient satisfaction. A very recent survey has shown that postoperative pain remains undertreated and emphasized the need to overcome barriers to effective pain treatment. New standards require that all patients be assessed for pain as the fifth vital sign, and then be appropriately treated and monitored.

All effective pain services work in coordination with the surgical team. Surgeons and surgical residents do have an equally important role in pain management, as do other members (anesthetists, pain physicians, surgical and pain nurses and pharmacists) of any multidisciplinary pain service, in the development of optimal treatment plans for institution-wide implementation and for the individual patient. Only through these interactions could surgical residents be exposed to the current and innovative spectrum of treatment options (pharmacological and nonpharmacological) and the differing requirements of individual patients. The vital existence of the pain service should be seen as an invaluable learning opportunity for surgical residents.

Physicians and nurses on the pain service do not make decisions about patient management alone, in isolation, or without concern for surgical factors. The concern Dr. Gross expressed about the use of nonsteroidal anti-inflammatory drugs (NSAIDs) and monitoring for surgical complications points again to the need for close cooperation between the surgeons and the pain management team. In our institution, for example, NSAIDs are not used on specific groups of postoperative orthopedic patients, on the basis of input from our surgeon.

Increasing demand for analgesic drugs or a sudden increase in pain in any patient mandates a full evaluation by both the surgical team and the pain service. Members of the pain management team do know and accept the importance of not “masking” the signs of surgical complications, especially with prior discussion. For example, we do not employ full peripheral blockade or profound epidural analgesia for patients at risk of compartment syndrome.

Even with our existing, imperfect system, we believe that with cooperation between all teams, it is possible to provide safe and improved pain management for our perioperative patients.

We should also consider some of what we perceive to be misconceptions expressed by Dr. Gross on chronic pain.

Addiction has a very specific definition. The incidence of addiction among patients in pain from cancer is extremely low, and we are perplexed that Dr. Gross mentions such risk in relation to pain management. The increasing dose requirement is related much more to disease progression than any factor of addiction. The role of opioid drugs for the management of cancer pain has long been established by the World Health Organization.

Using opioid drugs in the management of chronic, nonmalignant pain remains a controversial area for many physicians. However, it is unacceptable to believe that chronic pain physicians are persisting in using a “suboptimal treatment plan that uses addictive drugs” in preference to available surgical solutions. Dr. Gross should note that a significant proportion of patients are referred from surgical colleagues. Involvement with pain specialists might help Dr. Gross to accept that surgical patients have chronic pain.

Even when surgical treatment is
available, patients still require symptomatic treatment until such surgical solution can result in “a drug-free existence.” The urgent admission for surgery he suggests might not always be possible, given the state of the health care environment.

Both pain specialists and surgeons should strive to work together in optimizing individual pain management. The development of hospital-based pain management initiatives and standards also calls for the active participation of all health care workers involved. In many institutions, most surgeons are already on board.

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References


Snowmobile trauma, alcohol and the law: a reply

We thank Dr. Driedger for his letter to the editor (Can J Surg 2004;47(4):304) commenting on our article on snowmobile trauma in Manitoba (Can J Surg 2004;47(2):90-4), and would like to respond.

We are delighted to see that Dr. Driedger shares our concern that the operation of motor vehicles while intoxicated, be they snowmobiles, cars or watercraft, poses a grave risk not only to the vehicle operator but to many others. We strongly concur with his conclusion that the societal cost of such injuries is enormous.

The tragedy, of course, is that such injuries are wholly preventable. Our comment, that trailside monitoring for intoxicated snowmobilers is likely to be ineffective, is based on our data that the great majority of accidents occurred while snowmobilers were travelling on unmarked trails. Therefore we agree with Dr. Driedger that perhaps our only effective policing of such a problem would be blood alcohol readings obtained when trauma patients are admitted to hospital.

As orthopedic surgeons, we see the carnage caused by intoxicated drivers far too often. We strongly support a change in legislation that would require testing of all trauma patients for blood alcohol upon admission to hospital, and that these results become admissible in court.

While this may be seen by some as an infringement of individuals’ rights, the cost of vehicular crashes caused by intoxicated drivers far outweighs this concern.

We appreciate Dr. Driedger’s comments. It is most important that we, as surgeons who deal with alcohol-related accidents, continue to add our voices to the public debate on these issues.

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