Acute Pain Update

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Prior to Covid-19, the opioid epidemic was arguably one of the greatest modern day health challenges for first-world countries, and in New Zealand we have witnessed a steady increase in opioid prescribing that coincided with a 33% increase in opioid-related deaths.

In Acute Pain Update 2021, we will look at the World Health Organisation's (WHO's) top health priorities and how New Zealand compares to other first world countries in relation to the opioid problem.¹⁻⁶

Opioid free anaesthesia (OFA), in the context of the current opioid epidemic, has been promoted as a strategy that could have a meaningful influence on the problem. However, despite a surge in research on opioid free anaesthesia, it is still not clear if OFA is any better or safer than an opioid permissive balanced anaesthetic. There are many OFA 'recipes' in use and we will look at how it compares to a more 'middle of the road' approach. Studies have suggested that over prescribing of opioids was not only a common problem, but likely a significant contributor to opioid availability in the community. There is also encouraging evidence emerging of effective analgesic modalities that are opioid sparing.⁷⁻

In 2015, I presented on Methadone and its perioperative utility. Since that presentation, the landscape for the use of long-acting opioids within the first 24h after surgery has changed, and its use is no longer recommended.^{15,16}

A surge in accidental deaths involving Fentanyl caused regulators to restrict the indications for the use of Fentanyl patches, which will likely pave the way for future changes to opioid regulation; including box warnings, smaller pack sizes and changes to the wording in packet inserts of opioids.¹⁷

We will also turn our attention to non-steroidal anti-inflammatory drugs as part of an opioid minimizing strategy. 2021 has seen the launch of the 5th edition of Acute Pain Management: Scientific Evidence and we will examine some of the new and strengthened learning points that answers a number of questions around their use.¹⁶

We will also briefly look at interactions between commonly used analgesics and anti-emetics and the implications for clinical practice.^{16,18}

There is continued debate on the effect of opioids on cancer and the literature remains conflicting. More recent studies and a meta-analysis has not been able to provide conclusive evidence or recommendations beyond those in existence.^{19,20}

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