

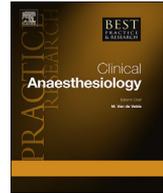


ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Best Practice & Research Clinical Anaesthesiology

journal homepage: www.elsevier.com/locate/bean



Preface

Preface



It is well accepted that optimal pain management is critical in improving postoperative outcomes including early ambulation and rehabilitation. However, despite advances in perioperative care such as the introduction of enhanced recovery pathways, which are rapidly being embraced worldwide, compliance with pain management protocols remains inadequate. In this issue, various aspects of perioperative pain management are discussed with the aim of improving pain relief after surgery.

The reasons for the gap between evidence and clinical application of that evidence are discussed. It is emphasized that procedure-specific pain management recommendations presented as preoperative, intraoperative, and postoperative interventions are more relevant to clinicians because they could be easily incorporated in an enhanced recovery pathway. In addition, the role of various analgesic techniques for enhanced recovery is discussed. Further, the controversies surrounding the assessment of postoperative pain and implementation of these assessments are addressed. In addition, the limitations of available evidence resulting from the gap between design and conduction of randomized trials and clinical practice are presented.

This issue also discusses the decline of neuraxial blocks (i.e., epidural analgesia and paravertebral blocks) and the rapid rise of more peripherally targeted regional analgesic techniques. The limitations of single-injection peripheral nerve blocks and the role of continuous peripheral nerve blocks in modern clinical practice are reviewed. Furthermore, this issue discusses newer modalities such as cryoanalgesia and peripheral nerve stimulation introduced with the aim of avoiding sensory and motor deficits caused by local anesthetic-based peripheral nerve blocks, which can delay rehabilitation. Similarly, novel regional analgesic techniques such as interfascial plane blocks and surgical site infiltration techniques have been critically reviewed. Although these peripheral techniques are easy to perform, safe, and inexpensive, it is necessary to understand their limitations and the need for proper selection for different types of surgical procedures. It is essential that these techniques be combined with other nonopioid analgesics (e.g., paracetamol and nonsteroidal anti-inflammatory drugs) to attain the maximum analgesic efficacy.

Finally, with the realization of the opioid crisis, the role of opioids in the perioperative period is being questioned. Although opioid-free anesthesia techniques are emerging to avoid opioid-related adverse events and address the opioid crisis, their place in major surgical procedures remains questionable and the demonstration of a benefit for the patients has not yet been performed. Thus, at least for major surgical procedures, opioids remain an important component of a multimodal analgesic technique, as nonopioid analgesic agents alone may not be adequate. Nevertheless, it is critical that opioids are used at the lowest possible dose for the shortest duration, especially when patients leave the hospital.

This issue also explores areas of future research. Future studies must be designed indeed to assess procedure-specific multimodal analgesic strategies applied in an enhanced recovery setting and compared to standard of care. Moreover, evaluating only pain intensity and opioid consumption is inadequate, and therefore, other patient-related outcomes must be assessed.

Girish P. Joshi, Professor of Anesthesiology and Pain Management*
University of Texas Southwestern Medical Center, Dallas, TX, USA

Francis Bonnet, Professor and Chair
Department of Anesthesiology, Assistance Publique Hopitaux de Paris, Sorbonne Université Paris VI, Tenon Hospital, Paris, France

* Corresponding author.
E-mail address: girish.joshi@utsouthwestern.edu (G.P. Joshi)