

***Anesthesiology Rounds*
Volume 6, Issue 1, 2007**

Thoracic Surgery as a Model for Postoperative Acute and Chronic Pain

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Objectives:

This issue of *Anesthesiology Rounds* will help readers to:

- know the incidence of post-thoracotomy chronic pain
- determine which surgical approaches and analgesic strategy are most effective for this type of chronic pain
- choose the type of regional block that is best adapted for control of acute and chronic pain,
- discuss the role of intravenous and intrathecal opioid agents for thoracotomy
- assess the role of adjuvants such as acetaminophen, anti-inflammatory drugs, ketamine and gabapentin in postoperative pain.

Questions: Which of the following answers is correct? (1 answer only)

1. Post-thoracotomy chronic pain:

- a) affects 20% of patients if no epidural is performed
- b) always disappears rapidly after a few weeks
- c) is always less frequent after videothoracoscopy
- d) occurs more often if postoperative pain is severe

2. Regarding thoracic epidurals:

- a) an injection before the surgical incision is likely to decrease the incidence of post-thoracotomy chronic pain
- b) they are one of the preferred techniques to control post-thoracotomy acute pain
- c) they can be performed without any risk on a sedated patient
- d) when using a combination of bupivacaine and fentanyl, the addition of epinephrine does not improve the quality of analgesia

3. A paravertebral block:

- a) is not as effective as a thoracic epidural to manage post-thoracotomy acute pain
- b) has to be performed at several levels
- c) can be offered as an alternative to thoracic epidural after thoracotomy
- d) has to be performed preoperatively by the anesthesiologist

4. Gabapentin:

- a) is a compound with analgesic properties similar to morphine
- b) is ineffective in the treatment of post-thoracotomy chronic pain
- c) has a fixed 90% bioavailability
- d) improves the efficacy of epidural analgesia after lower limb surgery

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