PLENARY SESSION

TIME: 09:40 - 11:30

10:50 - 11:10

Plenary 5: How to Avoid Rebound Pain

Dr. Shinichi Sakura (Japan)
M.D.
Head of Department of Anesthesiology at
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Abstract:

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Peripheral nerve blocks have been increasingly used to relieve postoperative pain in a variety of surgeries including orthopedic surgery on the extremities. However, because analgesia after single-shot PNBs usually lasts up to a half day, there may be a relatively rapid increase in the severity of pain after the nerve block effects wear off. This sudden increase in pain, commonly called rebound pain, can reduce or even negate the overall benefits of PNBs and may be considered a failure of pain management despite the phenomenon being transient. Therefore, anesthesiologists providing regional anesthesia perioperatively should always consider taking preventative measures against rebound pain at the same time.

There are some strategies that can be taken for prevention of rebound pain. First, multimodal analgesic regimens, which are prescribed for the purpose of decreasing the impact of rebound pain. Second, local anesthetic adjuncts, which are given to delay the onset of rebound pain. Third, continuous PNB techniques, which are used to suppress the occurrence of rebound pain. I believe that ideally those three should be provided together to maximize the benefits of PNBs. In this lecture, I am going to discuss the above three strategies and show our efforts to increase the effectiveness of continuous PNBs.

PARALLEL SESSION 1:
RA & LOWER LIMB BLOCKS
TIME: 13:00 - 15:15

15:00 - 15:15

Epidural Analgesia for Knee Surgery

Dr. Shinichi Sakura (Japan)
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Abstract:

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Major knee surgery is associated with moderate to severe postoperative pain, which can impair mobility, delay in hospital discharge, interfere with functional outcome, and reduce patient satisfaction. Thus, it is essential for anesthesiologists to help relieve pain after knee surgery.

Epidural analgesia was used as the technique of choice for postoperative pain management after knee surgery for a long time, but it seems that in recent years many orthopedic centers have instead started using peripheral nerve blocks such as adductor canal block. That is because most of the studies conducted over the last decade have shown favorable results for peripheral nerve blocks with comparable analgesia and fewer side effects including less motor paralysis. However, we believe that epidural analgesia can still play an important role for postoperative pain management in patients undergoing knee surgery especially for sports injuries, e.g. anterior cruciate ligament reconstruction. Athletes especially need to start strenuous rehabilitation exercise immediately after surgery and could benefit from epidural analgesia if the effects are provided ipsilaterally with no or less motor blockade. In fact, we have conducted ipsilateral epidural block in more than 1,000 athletes undergoing major knee surgery. In this lecture, I am going to show you how ipsilateral epidural analgesia is conducted and its effects on sensory and motor blockade and the performance of postoperative rehabilitation.