

# ***PARALLEL SESSION 3: PAIN MANAGEMENT***

***TIME: 11:30 – 15:15***



13:45 - 14:00

## **Pathways and Transition from Acute to Chronic Pain**

**Dr. Supriya Chowdhury (Australia)**  
Specialist Pain Medicine Physician  
Sydney Adventist Hospital

### **Abstract:**

Chronic pain has been defined as pain that persists or recurs for more than three months. It is associated with significant impairment to quality of life due to physical suffering, interference with daily functioning and psychological distress. It is a common condition that affects twenty per cent of the global population and across all ages causing significant disability<sup>1</sup>. Chronic postsurgical or posttraumatic pain (CPSP) has been defined as pain that increases in intensity or develops after a surgical procedure or tissue injury. Furthermore the pain persists beyond the usual healing processes<sup>2</sup>.

Several risk factors have been identified in the development of CPSP including major surgery involving high risk of nerve damage and inflammation. Additional pre-operative and post-operative risk factors are related to psychological vulnerabilities and sociodemographic characteristics. More recently both pre-operative and post-operative opioid use has been implicated in the development of CPSP at a cellular level<sup>3</sup>.

Anaesthetists play a crucial role in mitigating the risk and potential transition from acute to chronic pain states. Interventions to date to reduce the risk of development of CPSP have focused predominantly on the role of multimodal analgesia. Such interventions can be broadly classified into pharmacotherapy, regional analgesic options and multidisciplinary nonpharmacological interventions.

### **References**

1. Vos T, et al. *Lancet*. 2020;396(10258): 1204-1222.
2. Schug S, et al. *Pain*. 2019;160(1): 45-52.
3. Glare P, et al. *Lancet*. 2019;393(10180):1537-1546