PLENARY SESSION:

TIME: 9:00 - 11:30

11:10 - 11:30

Rebound pain and implications for regional anesthesia

Dr. Paul Kessler (Germany)

MD, PhD, Clinic of Anesthesiology, Intensive Care Medicine and Pain Therapy, University Hospital Frankfurt, Germany

Abstract:

Rebound pain is a recently introduced term in 2007 and is defined as transient acute increase in postoperative pain which occurs following resolution of a peripheral nerve block (PNB) and also neuraxial block (1). The incidence of rebound pain after regional anesthesia resolves could reach around 40% of patients. The pathophysiology behind this complex phenomenon is not fully understood but may be due to abnormal spontaneous C-fiber hyperactivity and nociceptor hyperexcitability without mechanical nerve lesion.

Therefore, the basic strategies for prevention of rebound pain include prolonging the duration of sensory blockade to allow more time for healing and subsidence of the inflammatory process, as well as a less precipitous offset of block, should mitigate the impact of rebound pain.

One possibility is the use of local anesthetic adjuncts such as dexamethasone or liposomal bupivacaine to prolong the duration of single-injection PNBs. Another therapeutic approach is to combine regional anesthesia with a systemic multimodal analgesia which is recommended for the potential additive or even synergistic benefits in improving postoperative pain and related outcomes. It is important to start with multimodal analgesia before the effect of PNB disappears.

Continuous PNB catheter techniques with an infusion of dilute local anesthetic for 48 h or longer which will also preserve all of the early postoperative benefits of single-injection PNB while largely abolishing the phenomenon of rebound pain. In addition, preoperative education and counselling regarding rebound pain were effective in preventing and managing rebound pain

1. Williams BA et al, Reg Anesth Pain Med 2007; 32: 186-92

PARALLEL SESSION 2:
RA & UPPER LIMB BLOCKS
TIME: 13:00 - 15:15

14:00 - 14:15

Opioid Crisis and the Role of Regional Anesthesia

Dr. Paul Kessler (Germany)
MD, PhD, Clinic of Anesthesiology, Intensive Care Medicine and Pain Therapy, University Hospital Frankfurt, Germany

Abstract:

A patient's first exposure to opioids may be during the perioperative period, a time where anesthesiologists have a significant role in pain management. A significant proportion of opioid-naïve patients entering surgery may ultimately become chronic opioid users, minimizing opioids during the perioperative period should be an important goal of anesthesiologists.

Anesthesiologists can intercede at several points in the perioperative period to limit both the supply of and demand for opioids. The overall perioperative goals for the anesthesiologist are to provide adequate analgesia to facilitate patient recovery after surgery and minimise the amounts of opioids used while achieving these goals. The use of regional anesthesia as part of a multimodal analgesic regimen decreases perioperative opioid consumption. Spinal anesthesia, epidural anesthesia and peripheral nerve blocks are important types of regional anesthesia that can make a tremendous impact on opioid reduction. If there are no medical contraindications, regional anesthesia techniques can be utilized for a variety of surgical procedures including: gastrointestinal/hepatic, gynecology, ophthalmology, orthopedics, thoracic, urology and vascular.

Perioperative opioid prescriptions are an important source of new opioid use, and surgical patients are frequently prescribed more medication than they require. When possible, the use of a regional analgesic catheter technique may be preferable to allow continuation of local anesthetic infusions to provide superior analgesia vs opioid alone regimen and decrease postoperative opioid use.