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MANAGEMENT OF POST SURGICAL PAIN AND OUTCOMES

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Chronic postsurgical pain presents a major obstacle to recovery and can significantly diminish a patient's quality of life. This literature review brings together recent research examining how chronic pain is managed after surgery, evaluating a range of therapeutic approaches and their effectiveness in improving long-term outcomes. It also studies the multifaceted nature of chronic pain management in surgical settings and point to important gaps that remain in current clinical practice.

Management of chronic postsurgical pain has progressed in recent years, moving away from a predominantly opioid based model toward more comprehensive, multimodal strategies. A notable development is the use of pexidartinib, a CSF1R inhibitor, which has reshaped treatment approaches for tenosynovial giant cell tumors and demonstrated benefits that extend beyond symptom control to broader aspects of patient care. In parallel, recent bibliometric studies show increasing interest in applying artificial intelligence to the diagnosis and management of sports-related knee injuries, highlighting its potential to individualize treatment and enhance outcomes through predictive modeling.

Postoperative pain patterns also differ widely among patients. One study identified eight distinct trajectories of pain intensity and opioid consumption following cardiac surgery, showing that demographic characteristics and intraoperative analgesic choices significantly influence postoperative experiences. These findings reinforce the importance of personalized pain-management strategies to support better recovery pathways and long-term surgical outcomes. Another study evaluated the impact of an anesthetist led acute pain service for patients undergoing caesarean delivery, showing that a structured multimodal analgesic plan significantly lowered pain scores and supported faster recovery without increasing adverse events. These results reinforce the value of standardized pain-management pathways in improving postoperative outcomes. Despite these improvements, chronic pain caused by postoperative adhesions continues to be a persistent challenge. A systematic review and meta-analysis found that although observational studies report high rates of pain relief following laparoscopic adhesiolysis, randomized controlled trials do not demonstrate a clear advantage over diagnostic laparoscopy alone. This discrepancy underscores the ongoing uncertainty surrounding the most effective treatment approach for adhesion-related pain. Furthermore, research on auricular acupressure therapy revealed encouraging benefits for managing neuropathic pain in cancer patients, indicating that non-pharmacological methods can offer meaningful relief while reducing reliance on medication. This aligns with the broader movement in healthcare toward more holistic, multifaceted strategies for pain management.

In conclusion, effective management of chronic postsurgical pain requires a broad understanding of the various therapeutic options and their associated outcomes. Ongoing research into multimodal strategies encompassing both pharmacological and non-pharmacological interventions is important for enhancing recovery experiences and improving long-term surgical results. Future work should focus on refining current protocols and exploring innovative treatments that can more effectively address persistent postoperative pain. The continued evolution of pain-management practices signals encouraging progress toward improved patient outcomes and a higher quality of life for individuals recovering from surgery.