**Practice Review**

**KEYWORDS** PAIN | SURGERY | MEASUREMENT | ANALGESIA

**Postoperative pain 2: patient education, assessment and management**

Pain assessment is an essential part of postoperative care. Both analgesic and non-analgesic strategies should be developed with patients to manage their pain.

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**PREOPERATIVE PATIENT EDUCATION**

Providing preoperative education about postoperative pain (PO) can improve patients’ knowledge and help encourage a positive attitude towards it. It provides realistic expectations about PO and its management, reduces anxiety and increases patient satisfaction (Australian and New Zealand College of Anaesthetists (ANZCA), 2010; Vickers et al, 2009). There is no consensus on whether educational interventions reduce the experience of pain.

Preoperative pain education may be delivered face to face with groups of patients or individuals, while written information or videos can also be used (ANZCA, 2010; Vickers et al, 2009; American Society of Anesthesiologists (ASA), 2004).

Education should include:
- The importance of treating PO;
- Goals of PO treatment;
- The degree/intensity/description of PO the patient can expect;
- Pain assessment tools and how often pain will be assessed on rest and movement;
- The importance of reporting pain and response to treatment;
- Pain management options, including drug and non-drug therapies, their effectiveness and side effects.

**PAIN ASSESSMENT**

A comprehensive assessment of PO, identifying physiological, psychological and environmental influences on patients’ experiences is at the centre of achieving effective PO management (ANZCA, 2010; Department of Health, 2010; Vickers et al, 2009; Tissue Viability Nurses Association, 2004; Quality Improvement Scotland, 2004). This ensures patients’ pain is accurately identified in a timely manner and evaluated and managed appropriately.

Pain assessment should be regularly and systematically conducted as part of preoperative assessment, postoperative care, discharge processes and in primary care, until pain has subsided (Fig 1).

**PREOPERATIVE PAIN ASSESSMENT**

Although PO assessment is not widely documented in the literature, it is recommended that it should start in the preoperative phase (Box 1). Preoperative pain assessment can be carried out in primary care or in preassessment clinics (ANZCA, 2010; Vickers et al 2009, European Association of Urology, 2007; ASA, 2004). This initial assessment should include:
- An evaluation of any pre-existing pain(s);
- How this affects function;
- How it is managed (medication, non-drug strategies, coping strategies);
- Previous pain experiences;
- Expectations and beliefs about PO and its management.

Risk factors associated with the development of chronic post surgical pain (CPSP) should also be considered; these were outlined in Part 1 (Wood, 2010). PO can then be anticipated and high risk patients can be identified. This includes those with pre-existing pain, past experience of pain management problems in hospital, significant anxiety about PO and those at high risk of developing neuropathic pain postoperatively (Vickers et al, 2009). Neuropathic pain is caused by a primary...