PERI-OPERATIVE PAIN MANAGEMENT FOR SPINAL SURGERY
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There are a number of good reasons for selecting this topic as a focus for pain management. In the first place, it is an area which is somewhat under researched when compared to other orthopaedic procedures such as joint replacement surgery. The second reason is that it really is a procedure where the worlds of pain medicine and anaesthesia collide as it were. By that I mean ita important that the person treating the pain knows something about the anaesthetic processes and vice versa.

Essentially all patients presenting for elective spinal surgery will be patients with chronic pain. Key elements in taking a pre-anaesthetic assessment in such patients include current and previous medications and experience with previous surgery, an area often overlooked.

In the provision of anaesthesia for major spinal surgery, there has been an increase in the use of intra-operative spinal cord monitoring. This has a huge impact on the method of anaesthesia, and usually involves the use of total intravenous anaesthesia using propofol in combination with remifentanil. This itself has problems in terms of pain management as this short acting opioid has been associated with post operative hyperalgesia – this needs to be addressed before the patient leaves the Post Anaesthesia Care Unit.

Lastly, we will examine the various studies looking at options for management of often mixed nociceptive/neuropathic pain in these patients and explore appropriate strategies.