Signa Vitae
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Lecture III: PROMs (Patient Reported Outcome Measures) after surgery for patients with chronic pain

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In line with the new definition of chronic pain [1] outcome measures of pain treatment have shifted from unidimensional scales (NRS, VRS) to multidimensional patient reported outcome measures. The Patient Reported Outcome Measurement Information System (PROMIS) rates across seven domains (pain interference, physical functioning, anxiety, depression, fatigue, sleep disturbance, and the ability to participate in social roles and activities) with four questions in each domain. PROMIS have been shown to be adequate and cross-walks may replace disease specific legacy PROMS [2, 3]. In Europe, data for the general population are available online [4].

Opioids are an integral part of many chronic pain patients but are not associated with improvement of PROMIS PI (pain interference) and PF (physical function) scores [5]. A consensus group advocated against Buprenorphin tapering before surgery [6] but opioid weaning improves PROMIS profiles for patients undergoing spine surgery [7] and liver transplants [8]. Methadone may be more effective than conventional perioperative short acting opioids [9, 10] and may also prevent against chronic pain after surgery [11].

Perioperative low dose Ketamine treatment has been advocated for chronic pain patients [12, 13]. A combination of Methadone and Ketamine showed impressive results in spinal surgery patients [14]. Gabapentinoid treatment should be continued but not initiated for surgery [15, 16]. i.v Lidocaine currently has no clear beneficial impact [17]. Regional anesthesia is generally advocated as its opioid sparing effects are well documented. Whether it provides protection against chronic pain after surgery is less clear [18, 19].

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